Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Filing at a Glance

Company: Wichita National Life Insurance Co.

Product Name: Whole Life SERFF Tr Num: RDWS-125918448 State: ArkansasLH TOI: L07I Individual Life - Whole SERFF Status: Closed State Tr Num: 40991

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed

Premium - Single Life

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Judy Tait Disposition Date: 12/16/2008

Date Submitted: 12/02/2008 Disposition Status: Approved

Implementation Date Requested: 01/01/2009 Implementation Date:

State Filing Description:

General Information

Project Name: Wichita National Whole Life-LWL (01/09)

Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Form is currently

being submitted to state of domicile

(Oklahoma).

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 12/16/2008

State Status Changed: 12/16/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Wichita National Life Insurance Co.

LWL (01-09)

Level Amount Whole Life Insurance

Level Premiums Payable to Specified Age or Until Prior Death of Insured

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Face Amount Payable at Death

Non-Participating

Company and Contact

Filing Contact Information

(This filing was made by a third party - ruddandwisdominc)

Judy Tait, Adminjtait@ruddwisdom.comRudd and Wisdom, Inc.(512) 346-1590 [Phone]Austin, TX 78759(512) 345-7437[FAX]

Filing Company Information

Wichita National Life Insurance Co. CoCode: 70548 State of Domicile: Oklahoma

711 D Avenue Group Code: Company Type: LAH Lawton, OK 73501 Group Name: State ID Number:

(580) 353-5776 ext. [Phone] FEIN Number: 73-0662117

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER CHECK AMOUNT CHECK DATE 16499 \$50.00 11/26/2008

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Approved Linda Bird 12/16/2008 12/16/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	12/09/2008	12/09/2008	Judy Tait	12/16/2008	12/16/2008
Pending Industry	Linda Bird	12/09/2008	12/09/2008	Judy Tait	12/16/2008	12/16/2008

Amendments

Response

Item	Schedule	Created By	Created On	Date Submitted
Application	Supporting Document	Judy Tait	12/16/2008	12/16/2008

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Disposition

Disposition Date: 12/16/2008

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document (revised)	Application		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third party authorization to file forms		Yes
Supporting Document	Certification		Yes
Form (revised)	Whole Life Form		Yes
Form	Whole Life Form		Yes

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/09/2008 Submitted Date 12/09/2008

Respond By Date Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/16/2008 Submitted Date 12/16/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Attached is a certification from the actuary, Chris McCaul, to address the issue raised in this objection.

Related Objection 1

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Applies To:

Certification/Notice (Supporting Document)

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification

Comment: Attached is a certification from the actuary, Chris McCaul, to address the issue raised in this objection.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely, Judy Tait

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/09/2008 Submitted Date 12/09/2008

Respond By Date Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1

- Whole Life Form (Form)

Comment: Ark. Code Ann. 23-79-116 requires that the contract contain facsimile signature of officers.

We find no contract provision for refund of unearned premium as required by Ark. Code Ann. 23-81-118.

Please refer to Interest From Date of Death provision. Ark. Code Ann. 23-81-118 requires an interest rate of 8%.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/16/2008 Submitted Date 12/16/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Form NO. LWL (01/09) is being submitted again with changes requested:

1. Facsimile signature of officers on front page;

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

2. Addition of refund of unearned premium clause on page 7, under Payment of Proceeds, paragraph 2.

Related Objection 1

Applies To:

- Whole Life Form (Form)

Comment:

Ark. Code Ann. 23-79-116 requires that the contract contain facsimile signature of officers.

We find no contract provision for refund of unearned premium as required by Ark. Code Ann. 23-81-118.

Please refer to Interest From Date of Death provision. Ark. Code Ann. 23-81-118 requires an interest rate of 8%.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form	Edition	Form Type	Action	Action	Readability	/ Attach
	Number	Date			Specific	Score	Document
					Data		
Whole Life Form	LWL (01-		Policy/Contract/Fraternal	Initial		54	LWL(01-
	09) AR		Certificate				09) AR.pdf
Previous Version							
Whole Life Form	LWL (01-		Policy/Contract/Fraternal	Initial		54	LWL(01-
	09)		Certificate				09).pdf

No Rate/Rule Schedule items changed.

Sincerely,

Judy Tait

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Amendment Letter

Amendment Date:

Submitted Date: 12/16/2008

Comments:

Please replace the previously approved applications originally submitted with this filing - APP-1 (11/97) and APP-2 (11/97) with APP-1 (12/08) and APP-2 (12/08).

The difference in the applications is that we have added a statement to the Authorization stating that it is valide for 24 months and can be revoked at any time and describes the procedure to do so.

Thank you.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Application

Comment: Form will be used with submitted applications as follows:

APP-1 (12/08)

APP-2 (12/08)

App 1 D10.pdf

app 2 D10.pdf

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Form Schedule

Lead Form Number: LWL (01-09)

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
	LWL (01- 09) AR	Policy/Cont Whole Life Form ract/Fratern al Certificate	Initial		54	LWL(01-09) AR.pdf

WICHITA NATIONAL

LIFE INSURANCE COMPANY

Wichita National Building • 711 S.W. "D" Avenue • Lawton, Oklahoma 73501 • 580-353-5776

A Legal Reserve Capital Stock Company (Hereafter called: we, our or us).

We Agree

- To pay the insurance benefits of this policy to the beneficiary upon receiving due proof of the insured's death, and
- To provide you with the other rights and benefits of this policy.

These agreements are subject to the provision of this policy.

10 Day Free Look

If for any reason you are not satisfied with your policy, you may cancel it by returning the policy to us or to your agent within 10 days after you receive it. If you do, we will refund the premium that was paid.

Signed for us at our home office

SECRETARY

PRESIDENT

Handy B. Finiland

Level Amount Whole Life Insurance Level Premiums Payable to Specified Age or Until Prior Death of Insured **Face Amount Payable at Death** Non-Participating

DEFINITIONS

When we use the following words, this is what we mean:

THE INSURED

The person whose life is insured under this policy as shown on page 3.

YOU, YOUR

The owner of this policy is as shown in the application, unless subsequently changed as provided for in this policy. The owner is the insured unless otherwise stated.

BENEFICIARY

The person to receive the proceeds in the event of the insured's death.

POLICY DATE

The date coverage under this policy becomes effective and the date from which policy anniversaries, policy years, policy months and premium due dates are determined.

POLICY ANNIVERSARY

The same day and month as your policy date for each succeeding year your policy remains in force.

WRITTEN REQUEST

A request in writing signed by you on a form agreeable to us. We also may require that your policy be sent in with your written request.

PROCEEDS

The amount we are obligated to pay under the terms of this policy when your policy is surrendered, matures, or when the insured dies.

IN FORCE

The period of time the insured's life remains insured under the terms of this policy.

LAPSE OR LAPSED

A premium is in default, and the insured's life is no longer insured under the terms of this policy except as may be provided for in the Guaranteed Value Options section (see page 6).

REINSTATE

To restore coverage after the policy has lapsed.

TERMINATE

The insured's life is no longer insured under any of the terms of this policy.

INDEBTEDNESS

All policy and premium loans, accrued interest and any due and unpaid premium.

AGE

The insured's age at the insured's last birthday, unless we state otherwise.

POLICY SPECIFICATIONS PAGE

TYPE OF COVERAGE	AMOUNT	PREMIUM PAYABLE	ANNUAL PREMIUM
[Whole Life]	[\$25,000]	[for Life]	[\$354.00]

Total Annual Premium on Policy Date

The Premiums for a benefit are payable for the lifetime of the insured, the first due on the Policy Date.

SCHEDULE OF TOTAL PREMIUMS

Annual	Semi-Annual	Quarterly	Monthly
[\$354.00]	[\$184.08]	[\$92.04]	[\$92.04]

PREMIUM CLASS:

POLICY LOAN INTEREST RATE: 7.4% per annum, or less. We may change the interest rate, but never will it exceed 7.4%. We will give written notice of the change to you or any assignee of record at least 30 days before the change becomes effective. Interest is payable at the end of the policy year.

REINSTATEMENT INTEREST RATE: 6% per annum

POLICY NUMBER: [12345W]

FACE AMOUNT: [\$25,000] INSURED: [John Doe]

AGE / SEX: [35 Male] POLICY DATE: [January 1, 2009]

Page 3

POLICY SPECIFICATIONS

The values in the following table assume that all premiums are paid when due and no policy loans are taken. Policy values not illustrated will be furnished upon request.

End of Policy	Amount of	Cash	Reduced	Extended Insura	
Year	Insurance	Value	Paid Up	Years	Days
1	[25,000]	[0]	[0]	[0]	[0]
2	[25,000]	[0]	[0]	[0]	[0]
3	[25,000]	[200]	[875]		[64]
3 4	[25,000]			[5]	
		[450]	[1,875]	[9]	[187]
5	[25,000]	[725]	[2,925]	[13]	[64]
6	[25,000]	[1,000]	[3,875]	[15]	[234]
7	[25,000]	[1,300]	[4,875]	[17]	[229]
8	[25,000]	[1,600]	[5,800]	[19]	[33]
9	[25,000]	[1,900]	[6,650]	[20]	[38]
10	[25,000]	[2,225]	[7,525]	[20]	[356]
11	[25,000]	[2,550]	[8,350]	[21]	[227]
12	[25,000]	[2,875]	[9,100]	[22]	[39]
13	[25,000]	[3,200]	[9,800]	[22]	[161]
14	[25,000]	[3,550]	[10,525]	[22]	[272]
15	[25,000]	[3,925]	[11,275]	[23]	[0]
16	[25,000]	[4,300]	[11,950]	[23]	[45]
17	[25,000]	[4,675]	[12,600]	[23]	[53]
18	[25,000]	[5,050]	[13,175]	[23]	[31]
19	[25,000]	[5,450]	[13,775]	[23]	[11]
20	[25,000]	[5,850]	[14,350]	[22]	[329]
Age 60	[25,000]	[7,950]	[16,825]	[21]	[246]
Age 65	[25,000]	[10,175]	[18,800]	[19]	[303]
Age 70	[25,000]	[12,450]	[20,375]	[17]	[229]
90 , 0	[20,000]	[.2,.00]	[20,0,0]	F., 1	[/]

The cash values, reduced paid up extended term values are based upon the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. The reserves are calculated based on the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. Premiums are payable for life.

Page 4 Policy Number: 12345W

GENERAL INFORMATION

THE CONTRACT

Your policy is issued in consideration of the application and the payment of premiums as provided for in this policy.

Your policy and the copy of the application attached to it contains the entire contract between you and us. Any statements made in the application either by you or by the insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statements made either by you or by the insured will not be used to void your policy nor defend against a claim under your policy unless the statement is contained in the application.

No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an officer of the company. No agent or other person has the authority to change or waive any provision of your policy.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all the terms and conditions of this policy unless we state otherwise in the rider.

SUICIDE

If the insured, whether sane or insane, dies by suicide, within two years from the policy date, our liability will be limited to an amount equal to the premiums paid for this policy.

INCONTESTABILITY

We cannot contest this policy after it has been in force during the lifetime of the insured for two years after the policy date, except for non-payment of premiums.

COLLATERAL ASSIGNMENT

Your policy may be assigned. The assignment must be in writing and filed at our home office. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any proceeds which become payable to an assignee will be payable in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the insured has been misstated, the benefits will be those which the premiums paid would have purchased for the correct age and sex.

BENEFICIARY

When we receive proof satisfactory to us of the insured's death, we will pay the death proceeds of this policy to the beneficiary or beneficiaries who are named in the application for this policy unless you subsequently change the beneficiary. In that event, we will pay the death proceeds to the beneficiary named in your last change of beneficiary request as provided for in this policy.

If a beneficiary dies before the insured, that beneficiary's interest in this policy ends with that beneficiary's death. Only those beneficiaries who survive the insured will be eligible to share in the death proceeds. If no beneficiary survives the insured, we will pay the death proceeds of this policy to your estate.

CHANGE OF OWNER OR BENEFICIARY

If you have reserved the right to change the owner or beneficiary, you can file a written request with us to make such a change. If you have not reserved the right to change the beneficiary, the written consent of the irrevocable beneficiary will be required.

Your written request will not be effective until it is recorded in our home office records. After it has been so recorded, it will take effect as of the date you signed the request. However, if the insured dies before the request has been so recorded, the request will not be effective as to those death proceeds we have paid.

CHANGE OF PLAN

While your policy is in force with no premium in default, you may exchange your policy for another form of policy. Our approval is needed. An additional payment and evidence that the insured is then insurable under our underwriting rules then in effect, may be required.

PREMIUMS

Your first premium is due as of the policy date and must be paid when the application for insurance is completed. All premiums after the First premium are payable on or before the date they are due and must be mailed to us at our home office. If you would like a receipt for a Premium payment we will give you one upon request.

The premiums for your policy are payable for the period shown on page 3 of your policy, or until the prior death of the insured.

PAYMENT INTERVALS

You may pay your premiums at any interval shown on page 3. These premiums are shown as annual (once a year), semi-annual (twice a year), quarterly (four times a year) or monthly (twelve times a year). You may change the frequency of premium payments, subject to our rules in effect at the time of the change, by filing a written request with us at our home office.

GRACE PERIOD

Your policy has a 31-day grace period. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31-day period immediately following the due date. Your premium payment, however, must be received in our home office within the 31-day period. The insured's life will continue to be insured during this 31-day period.

If the insured dies during this period, we will deduct a premium for the 31-day grace period from the death proceeds of this policy. This 31-day grace period does not apply to the first premium payment.

The first premium payment must be paid when your application is completed.

NON-PAYMENT OF PREMIUMS

If a premium is not paid by the end of the grace period, the policy will lapse as of the premium due date and be out of force except as provided in the Guaranteed Value Options provision (see page 6).

REINSTATEMENT

If a premium is not paid before the end of the 31-day grace period, your policy will lapse, and no further premium payments may be made.

However, even if your policy lapses, the values provided for in the Guaranteed Value Options section of this policy on page 6 may be available to you. You may also ask us within five years of lapse to restore your policy to a premium paying basis. We will require:

- 1. Your written request to reinstate this policy.
- 2. Evidence of insurability satisfactory to us.
- 3. Payment of any indebtedness.

- 4. Payment of all past due premiums on your policy, and
- 5. Payment of interest compounded annually on all past due premiums and any indebtedness. The policy reinstatement interest rate will be the rate shown on page 3.

Our determination of the insured's continued insurability and the payment of all past due premiums with interest must occur during the insured's lifetime. Your policy cannot be reinstated if your policy was placed on extended term insurance and the term period has expired or if your policy was surrendered for cash.

We may contest the reinstatement of this policy until it has been in force during the lifetime of the insured for two years from the date of reinstatement.

YOUR LOAN VALUES

Your policy has two loan privileges:

- 1. You may borrow the cash value.
- 2. You may have past due premiums paid by automatic loans.

Loans have priority over the claims of any assignee or other person. Your policy is the sole security for all loans.

POLICY LOANS

You can borrow up to the available loan value of your policy unless your policy is on extended term or reduced paid-up insurance (see below). At Your request, we will send you a loan agreement for your signature. We have the right to postpone your loan for up to six months unless the loan is to be used to pay premiums on any policies you have with us.

The loan value of your policy is its cash value (see page 4) minus any indebtedness. Your cash value will be determined as of the date to which your premiums are paid on this policy, but not beyond the next policy anniversary.

AUTOMATIC PREMIUM LOANS

If you asked for this service in your application, or by later written request, we will automatically make a loan to you to pay any premium not paid by the end of the grace period. Your policy

must be in force and have enough loan value. If there is not enough loan value to pay a premium, the policy will lapse and the Guaranteed Value Options provision will apply (see below).

You can also make written request to tell us you do not want this service.

LOAN INTEREST PROVISION

Policy loans will bear interest at the rate specified on page 3.

If you do not pay the interest on your loan when it is due, the unpaid interest will be added to your loan and charged the same rate of interest as your loan.

INDEBTEDNESS

If indebtedness exceeds the cash value of your policy, we will mail notice to your last known address and that of any assignee of record. If the excess is not paid within 31 days, the policy will terminate.

You may repay all or part of the indebtedness while the insured is alive and no Guaranteed Value Option is in effect.

Any outstanding indebtedness at the time of the insured's death will be deducted from policy proceeds.

GUARANTEED VALUE OPTIONS

(Non-Forfeiture Options)

Your policy provides Guaranteed Value Options as shown on page 4. You may elect any available option by writing to us.

A premium may be paid in cash or by an automatic premium loan. If a premium is not paid by the end of the grace period, the paid-up insurance option shall become effective as of the due date of the unpaid premium. However, you will still have the right for two months after that due date to elect one of the Guaranteed Value Options.

PAID-UP INSURANCE OPTION

You may continue your policy as paid-up insurance for a reduced amount, payable under the same conditions as this policy. We will use the cash value to buy paid-up insurance at the net single premium rate for the insured's attained age. If a paid-up policy is surrendered for its cash value within 30 days after a policy anniversary, the cash value will be equal to the cash value on that policy anniversary.

EXTENDED TERM INSURANCE OPTION

If this is a standard premium class policy, you may continue it as term insurance. No further premium will be due. The amount of

the extended Term insurance will be the total of:

The face amount of this policy

MINUS • Any indebtedness (see definition, page 2).

The term period begins on the date to which premiums are paid. The cash Value is applied as a net single premium at the insured's attained age to determine the length of the term. For this purpose, the attained age will be the insured's age on the date of the first unpaid premium. If a policy on extended term insurance is surrendered for its cash value within 30 days after a policy anniversary, the cash value will be equal to the cash value on that policy anniversary. If an equal or greater amount of insurance would be provided under the paid-up insurance option, only that option will be available.

CASH VALUE OPTION

You may surrender your policy for its cash value. Your cash value is:

• The cash value of your policy (see page 4)

MINUS • Any indebtedness

LWL (01-09) AR Page 6

Surrender will be effective on the date of your written request. We may require that your policy be sent in with your written request before making surrender payment.

We may defer payment of any cash value for not more than six months.

When you surrender your policy for its cash value your policy will terminate.

BASIS USED FOR CALCULATIONS

We use the mortality table, and interest rate shown on page 4, to calculate (1) cash values, (2) reserves and (3) net single premiums for paid-up insurance.

All values are at least equal to those required by the law of the

state in which the policy is delivered. We have filed with that state a detailed statement of the method of calculating values.

The values shown on page 4 are for completed policy years. They assume that there is no indebtedness and that premiums are paid to the end of the policy year.

After the policy year in which a value is first shown, the values between any two policy years shown will be determined by interpolation with allowance for the premiums paid for the period between such consecutive years. Values for policy years not shown will be furnished upon request.

The cash value of any paid-up insurance is the net single premium for such insurance at the attained age of the insured.

PAYMENT OF PROCEEDS

The proceeds of this policy will be payable if the policy is surrendered for its cash value (living benefits), or when we receive due proof satisfactory to us of the insured's death (death benefits). These events must occur while the policy is in force. The proceeds will be paid in a single sum unless a settlement option has been selected. We will deduct any indebtedness from the proceeds. All payments by us are payable at our home office. Proof of any claim under this policy must be submitted in writing to our home office.

Proceeds payable to the beneficiary shall include premiums paid for any period beyond the end of the policy month in which death occurred. We will pay interest on any unearned premium in the manner and at the interest rate required by law in the state where this Policy was issued.

SETTLEMENT OPTIONS

You may, during the insured's lifetime, request that we pay the proceeds under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. A settlement option may be selected only if the payments are to be made to a natural person in that person's own right.

OPTION 1--Interest Payments--

(Payment of Interest on the proceeds at such time and for a period that is agreeable to you and us.) Withdrawal of proceeds may be made in amounts of at least \$100. At the end of the period, any remaining proceeds will be paid in either a single sum or under any other method we approve.

OPTION 2--Payments for a Specified Period--

(Monthly payments for a specified number of years) The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown in the following table. The monthly payments for any period not shown will be furnished upon request.

OPTION 2 TABLE

PAYMENTS FOR A S	SPECIFIED PEROID
Number of Years Payable	Amount of Monthly Payments
5	\$17.91
10	9.61
15	6.87
20	5.51
25	4.71
30	4.18

OPTION 3--Life Income--

(Monthly payments for the life of the person who is to receive the income) We will require satisfactory proof of the person's age and sex. Payments can be guaranteed for 10, 15, or 20 years. The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown in the following table. The monthly payments for any ages not shown will be furnished upon request.

OPTION 3 TABLE

	LIFE INCOME						
	MONTHLY INCOME PAYMENTS						
Gu	uaranteed F	or	G	uaranteed F	or		
	Life		I	For 10 Years	S		
M	AGE	F	М	AGE	F		
\$4.50	50	\$3.98	\$4.41	50	\$3.95		
5.09	55	4.44	4.93	55	4.38		
5.86	60	5.08	5.56	60	4.95		
6.93	65	5.96	6.32	65	5.68		
8.43	70	7.22	7.20	70	6.58		
Guaranteed For			G	uaranteed F	or		
F	or 15 Years	S	1	For 20 Years	S		
M	AGE	F	М	AGE	F		
\$4.30	50	\$3.90	\$4.14	50	\$3.83		
4.73	55	4.30	4.46	55	4.16		
5.20	60	4.78	4.77	60	4.52		
5.79	65	5.32	5.02	65	4.86		
6.14	70	5.87	5.19	70	5.11		

OPTION 4--Payments of a Specified Amount--

(Monthly payments of a specified amount until the proceeds and interest are fully paid.)

OPTION 5--Joint and Survivor Life Income--

We will pay the amount retained, with interest, in equal monthly installments during the joint lifetime of two persons and continue them during the lifetime of the survivor. See table below for example. We will furnish the income for other combinations of age or sex, if requested.

OPTION 5 TABLE

	JOINT AND SURVIVOR LIFE INCOME					
	MON	THLY INSTALLME	NTS FOR EACH			
	\$1	,000 OF AMOUN	T RETAINED			
		AGE OF OTH	IER PAYEE*			
		(FEM.	ALE)			
	15 Years	10 Years	5 Years			
	Less than	Less than	Less than	Same as		
	Male Payee's	Male Payee's	Male Payee's	Male Payee's		
50	\$3.07	\$3.23	\$3.42	\$3.61		
55	3.27	3.48	3.72	3.97		
60	3.53	3.80	4.11	4.45		
65	3.87	4.23	4.65	5.12		
70	4.31	4.80	5.40	6.06		
*Ag	e nearest birthd	ay.		•		

OPTION 6--Alternate Income--

When a type of income option available under Option 2, 3 or 5 is desired, we will automatically pay that type of income under this option if the amount is greater than under Option 2, 3 or 5. The amount of income under this option will be based on actuarial assumptions then being used by us for our single premium immediate annuities. However, there will be a charge for taxes or expenses.

INTEREST FROM DATE OF DEATH

If the proceeds of any benefits under this policy are not paid within thirty days after we receive due proof of the death of the insured (or where required by law within thirty days after the death of the insured), we will pay interest on death benefits from the date of death to the date of payment. The interest rate will be determined by us, but never less than 3%.

CONDITIONS

- 1. Proceeds of less than \$1,000 may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$20.
- 2. A corporation may receive payments under a life income option only if the payments are based on the life of the insured, or a surviving spouse or dependent of the insured.

If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

A beneficiary may select a settlement option only after the insured's death. However, you may provide that the beneficiary will not be permitted to change the settlement option you have selected.

PROCEEDS EXEMPT FROM CLAIM OF CREDITORS

To the extent permitted by law, no payment of proceeds or interest we make will be subject to the claims of any creditors.

Also, if you provide that the option selected cannot be changed after the insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments. If garnishment or any other attachment of the payments is attempted, we will make those payments to a trustee we name. The trustee will apply those payments for the maintenance and support of the person you named to receive the payments.

RATE OF INTEREST

Options 1, 2 and 4 are based on a guaranteed interest rate of 3%. Options 3, 5 and 6 are based on a guaranteed interest rate of 2.5% using the 1949 Annuity Mortality Table.

SUMMARY OF POLICY BENEFITS

LIVING BENEFITS

Your policy has certain guaranteed values which are available to you during your lifetime. These values consist of the cash or loan values. You may use these values:

- To provide retirement income (see page 7).
- As collateral for a loan or as the basis for a policy loan (see page 6)
- To continue some insurance protection if you cannot or do not wish to continue paying premiums (see page 6).
- To obtain cash by surrendering your policy (see page 6).

The available cash or loan value for such users is the total of:

- The cash value of your policy (see page 4)
- MINUS Any indebtedness (see definition page 2)

DEATH BENEFITS

PLUS

MINUS

The amount of payment to the beneficiary is the total of the following amounts determined on the date of the insured's death:

- The face amount of this policy (see page 3)
- Any additional insurance on the insured's life provided by an extra benefit rider (see page 3)
- Any indebtedness (see definition, page 2).

EXTRA BENEFIT RIDERS

The extra benefits, if any, listed on page 3 are fully described in the extra benefit riders that immediately precede the copy of your application.

YOUR RIGHTS

During the insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy, to receive every benefit and to exercise every right, privilege and option this policy grants or that we allow. Among your rights are:

- To change the owner or beneficiary. (Change of Owner and Beneficiary, page 5.)
- To surrender this policy. (Cash Value Option, page 6.)
- To stop premium payments but keep part of the face amount in force for the full period of the policy. (Paid-Up Insurance, page 6)
- To change the frequency of premium payments. (Payment Intervals, page 5.)

- To use the loan value of the policy to pay premiums due. (Automatic Premium Loan, Page 6.)
- To borrow on the policy. (Policy Loans, page 6.)
- To reinstate the policy after lapse. (Reinstatement, page 6)
- To receive policy benefits as income. (Settlement Options, page 7)

To exercise any of these rights, or to apply for the proceeds or any benefits under this policy, communicate with our nearest representative or directly with our home office. Please notify us promptly of any change of address.

INDEX

Page		Р
5	Indebtedness	
6	Interest from Date of Death	
7	Loan Values	
5	Loan Interest	
6	Misstatement of Age or Sex	
5		
5		
5	Payment Intervals (Premiums)	
5	Payment of Proceeds	
8		
2	Policy Values	
6	Policy Specifications	
5	Premiums	
5	Reinstatement	
6	Settlement Options	
5	Suicide	
	5 —6 —7 —5 —6 —5 —5 —5 —8 —2 —6 —5	5 Indebtedness 6 Interest from Date of Death 7 Loan Values 5 Loan Interest 6 Misstatement of Age or Sex 5 Non-Payment of Premiums 5 Paid-Up Insurance 5 Payment Intervals (Premiums) 5 Payment of Proceeds 8 Policy Loans 2 Policy Values 6 Policy Specifications 5 Premiums 5 Reinstatement 6 Settlement Options

- Please examine your policy and the attached copy of the application carefully. Contact your agent if you desire additional service or information.
- If you change your address, please notify us at the home office giving your full name and policy number
- Your policy is a valuable asset. For your own protection, let us advise you regarding any suggestion to terminate or exchange this policy.

WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building 711 S.W. "D" Avenue Lawton, Oklahoma 73501 580-353-5776

Level Amount Whole Life Insurance
Level Premiums Payable to Specified Age or Until Prior Death of Insured
Face Amount Payable at Death
Non-Participating

Register of Assignment

NOTE --- Assignment Takes Effect Only Upon Endorsement By An Executive Officer Of The Company.

DATE ENDORSED ASSIGNEE ENDORSED BY

LWL (01-09) AR Page 10

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 11/24/2008

Comments: Attachments: Guaranty.pdf LWL Flesch.pdf

Review Status:

Satisfied -Name: Application 12/16/2008

Comments:

Form will be used with submitted applications as follows:

APP-1 (12/08) APP-2 (12/08) Attachments:

App 1 D10.pdf app 2 D10.pdf

Review Status:

Satisfied -Name: Third party authorization to file 12/02/2008

forms

Comments: Attachment:

Wichita authorization to file.pdf

Review Status:

Satisfied -Name: Certification 12/16/2008

Comments:

Attached is a certification from the actuary, Chris McCaul, to address the issue raised in this objection.

Attachment:

LWL Ark cert.pdf

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life and variable annuity contract.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association c/o The Liquidation Division 1200 West Third Street (Third and Cross) Little Rock, Arkansas 72201-1904

Arkansas Insurance Department 1200 West Third Street Little Rock, Arkansas 72201-1904 The state law that provides for this safety-net is called the Arkansas Life and Disability Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;

- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

FLESCH READABILITY SCORE CERTIFICATION

WICHITA NATIONAL LIFE INSURANCE COMPANY

I, Chris McCaul, am a consulting actuary doing work for Wichita Life Insurance Company. I certify that the following form has been tested and meets the minimum required reading ease score.

Form Number	Flesch Score		
LWL (01/09)	54		
		Chris McCaul Rudd and Wisdom, Inc.	

APP 1 Use this application for all risks UNDER \$100,000

WICHITA NATIONAL LIFE INSURANCE COMPANY

AMOUNT APPLIED FOR

711 SW D Avenue • P. O. Box 1709 • Lawton, OK, 73502

PREMIUM

711 3W D Avenue • F. O. Box 1709 • Lawton, Ok. 7330						002		•								
APPLIC	ATION FOR	:							1	MODE OF F	1		. 1			
☐ Single L	ife — One Pers	on In	sured [□ Mortga	ge Prote	ction		ANNUAL	SEMI ANNUA	QUART L	ERLY	MONTHLY		BANK DRAFT		
	e — Two Perso complete, date & sig			□ Whole	Life					OFFICE U	SE ONLY					
☐ Annual	Renewable Ter	m		☐ Level ☐	Term Prot	ection	1	CWA □ Y □ N	POLICY	# AGEN	NT#	PLAN#		TERM		
□ Automa	tic Premium Lo	an	[□ Rider _				_								
NAME OF FIR PROPOSED INSURED	RST							NAME OF SECOND PROPOSED INSURED								
ADDRESS								ADDRESS								
CITY, STATE,	, ZIP							CITY, STATE, ZIP								
SOCIAL SECU	URITY NUMBER							SOCIAL SECURITY N	NUMBER							
	ADDRESS CITY, STATE, ZIP SOCIAL SECURITY NUMBER PRIMARY BENEFICIARY & RELATIONSHIP CONTINGENT BENEFICIARY & RELATIONSHIP OWNER IF NOT PROPOSED INSURED INSURED DATE OF BIRTH AGE STATE OF BIRTH HEIGHT WEIGHT SE FIRST SECOND IF NOT ACTIVELY WORKING, PLEASE EXPLAIN 1. Have you ever been told you have or have you been treated for any of the foll attack, heart murmur, irregular heartbeat or any other heart defect, high blooc mental disorder or disorder of the brain, nervous system, liver, kidney, lung or 2. Within the last 5 years have you consulted, been examined or treated by a ph at a clinic, hospital or sanitarium or have you ever been rated or declined for I 3. Have you ever used or been treated for the use of illegal drugs or ever received alcoholism or alcohol abuse? 4. Do you know of any impairment, disease or disorder now existing in your heartly account of the properties of the prope							PRIMARY BENEFICIARY & RELATIONSHIP								
BENEFICIAR'	CONTINGENT BENEFICIARY & RELATIONSHIP							CONTINGENT BENEFICIARY & RELATIONSHIP								
OWNER IF NOT PROPOSED INSURED								OWNER IF NOT PROPOSED INSURED								
INSURED	DATE OF BIRTH	AGE	STATE OF BIRTH	HEIGHT	WEIGHT	SEX		occu	JPATION		НОМЕ	PHONE	WORK	FHONE		
FIRST																
SECOND																
IF NOT ACTIV	I /ELY WORKING, PL	EASE I	EXPLAIN													
attack, h	eart murmur, irreç	gular h	eartbeat or any othe	er heart de	efect, high I	blood p	pressu	re, diabetes, circulato				INSURED NO	SECOND ☐ YES	INSURED		
									der observa	tion or treated	□ YES	□NO	□ YES	□NO		
			ated for the use of ill	legal drug:	s or ever re	eceived	d treati	ment for or joined an	organizatio	n for	□ YES	□NO	□ YES	□NO		
 Do you k physiciai 		rment,	disease or disorder	r now exis	ting in you	health	h or me						□ YES	□NO		
	u ever been told y r tested positive fo			n treated fo	or an immu	ine def	ficienc	y disorder, AIDS the	ne AIDS related complex ☐ YES ☐ NO ☐ YES ☐					□NO		
6. Have you	u used tobacco du	uring th	ne past twelve (12)	months?							☐ YES	□NO	□ YES	□NO		
,			ed, or the renewal o					/EDOE OIDE \			☐ YES	□NO	□ YES	□ NO		
QUESTIONS	NSURED QUESTI		BOVE MARKED YE	S (ADDITI	DATES	TO	ıN KE∖	/ERSE SIDE.) RESULTS INCLUDING TREATMENT IF ANY		NAME	& ADDRESS OF	DOCTOR AN DAT	E OF LAST VISIT			
						二										
WARNING	ANY BEDSON W	יי סטע	NOWING V PREC	ENTS A	ALSE OF	EDAL	וחויי ד	NT CLAIM FOR PA	VMENT OF	A L OSS OR 5	ENEELT OF	KNOMIN	CI V DDEC	ENTO		
I/we hereby tion, any am proposed in the health ai Authorization information. rhea, HIV/A knowledge r This authori	declare that to the nendment thereto, sured(s). It is und not other condition on: "I/we hereby Bureau or other on NOTICE: Informations (Human Immerceipt of the notification and/or pho	e best and a erstoo is affect author organization a une D ication tocopy	of my/our knowledging added declaration did that the Companyiting the insurability ize any licensed detaction, institution, or uthorized for release eficiency Virus / Actionm issued in commission of my/outhorized for my/outhoriz	ge and be on thereto, y shall incurrence of the pro- octor, or many person the e may include quired limit upliance with	INSURAN fief the about a shall become a roo liability posed insurant has any ude information before the the Fair	ove star ome a laty becaused(s) ctitioned reconstation of ctiency Credit	temen part of ause of are as er, hos ds or l on phy Syndrat Repo	ts and answers to the the policy herein ap f this application unless described in this appital, clinic, or other knowledge of me (us sicals, drug, alcohol, ome), or other condition after the date in the policy on the safter the date in the policy of the	e above que plied for. Ap ess it is app plication. medical or or my (our communications for while s of the Medical	estions are compositions are compositions are composition in the commedically related by health to give the or venereal ich I may have dical Information	plete and the by made to be by made to be by made to be be be by made to be	rue. I/we age for insurance of the first purchase of the first purchase of the first purch as heped while a	ment in F gree that the ce on the life premium is company, the reinsurer(s patitis, syph patient her	PRISON. his applica- fe(s) of the paid while he Medical) any such illis, gonor- e. I/we ac-		
		First	Insured's Signature	:						Second Insured	d's Signatu	re				

Dec — 08

(SEE REQUIRED NOTICE TO APPLICANT)

Date

Agent's Signature

REQUIRED NOTICE TO APPLICANT

	·····
Home Office Endorsements:	
ASSI	GNMENT
	· · · · · · · · · · · · · · · · · · ·
WE hereby assign to	, assignee, the proceeds due to become due
	ued to the extent of any indebtedness due by me/us to said as- ee is authorized to cancel this insurance and credit any premium
	I also agree that this assignment is irrevocable until all indebted-
	at the rights and interest of any beneficiary under said policy are
subordinate to the rights and interest of the Assignee.	
Signed at this	day of 20
First Insured	
First Insured	
First Insured The foregoing assignment is filed at the Company's Home C	Office this
The foregoing assignment is filed at the Company's Home C	Office this
	Office this
The foregoing assignment is filed at the Company's Home C	Office this
The foregoing assignment is filed at the Company's Home C day of, 20 Policy #	Office this
The foregoing assignment is filed at the Company's Home C day of, 20 Policy # Wichita National	
The foregoing assignment is filed at the Company's Home London Home Company's Home London Home Lond	I Life Insurance Company
The foregoing assignment is filed at the Company's Home Company's	asked the applicant all of the above questions. I have accurately
The foregoing assignment is filed at the Company's Home Company's	I Life Insurance Company
The foregoing assignment is filed at the Company's Home Company Home Co	asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was
The foregoing assignment is filed at the Company's Home Company Home Co	asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was ting insurance or annuity may be involved?
The foregoing assignment is filed at the Company's Home Company Home Co	asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was ting insurance or annuity may be involved?
The foregoing assignment is filed at the Company's Home Company Home Co	asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was ting insurance or annuity may be involved?

AGENT INSTRUCTIONS — REMEMBER, GOOD INSTRUCTIONS = FAST ISSUE.

Procedures For Completing This Life Application — When Applying For:

Complete all questions.

- A. The applicant's signature should be obtained on all life applications.
- B. Be sure that required forms are submitted when disclosure is required with life applications, and that all required forms are completed and submitted.
- C. Under "AGENT'S CERTIFICATION," be sure to sign your name on the application, and also submit with the application all forms required when a replacement is involved.

APP 1 Use this application for all risks UNDER \$100,000

WICHITA NATIONAL LIFE INSURANCE COMPANY

AMOUNT APPLIED FOR

711 SW D Avenue • P. O. Box 1709 • Lawton, OK. 7350						02	PREMIUM									
APPLIC	ATIO	N FOR								MODE OF P	AYMENT		_			
☐ Single L				sured] Mortga	ge Protec	tion	ANNUAL	SEMI ANNUA	QUARTI	ERLY	MONTHLY		BANK PRAFT		
☐ Joint Lif] Whole	Life				OFFICE US	E ONLY					
(Both must ☐ Annual					Level T	erm Prote	ection		POLICY	# AGEN	1	PLAN #	-	ΓERM		
□ Automa					l Rider			□ Y □ N								
NAME OF FIF			ui i		_			NAME OF SECOND								
PROPOSED INSURED								PROPOSED INSURED								
ADDRESS								ADDRESS								
CITY, STATE	, ZIP							CITY, STATE, ZIP	CITY, STATE, ZIP							
SOCIAL SEC	URITY N	JMBER						SOCIAL SECURITY N	NUMBER							
PRIMARY BENEFICIARY & RELATIONSHIP						PRIMARY BENEFICIARY & RELATIONSHIP										
CONTINGEN								CONTINGENT BENEFICIARY								
& RELATIONS								& RELATIONSHIP								
OWNER IF NOT PROPOSED INSURED						OWNER IF NOT PROPOSED INSURED										
INSURED DATE OF BIRTH AGE STATE OF BIRTH HEIGHT WEIGHT SEX				occu	OCCUPATION HOME PHONE					WORK FHONE						
FIRST																
SECOND																
IF NOT ACTIV	/ELY WC	RKING, PL	EASE E	XPLAIN												
								wing disorders or diseases: pressure, diabetes, circulato			FIRST	INSURED	SECOND INSURED			
				e brain, nervous sys					ory disease,	riervous or	☐ YES	S □ NO	□ YES	□NO		
				consulted, been exa or have you ever be				sician or have you been un e insurance?	der observa	tion or treated	□ YES	i □ NO	□ YES	□NO		
		sed or be ohol abus		ted for the use of ille	egal drugs	or ever re	ceive	d treatment for or joined an	eatment for or joined an organization for				□ YES	□NO		
 Do you keep the physician 		any impai	rment,	disease or disorder	now exist	ing in your	health	n or mental condition for wh	mental condition for which you have not seen a					□NO		
					treated fo	or an immu	ne def	iciency disorder, AIDS the	ency disorder, AIDS the AIDS related complex					5.10		
				AIDS virus?	nontha?						□ YES		□ YES			
,			Ü	ne past twelve (12) reed, or the renewal or		ment heen	refus	2d?			□ YES	S □ NO S □ NO	□ YES			
•								N REVERSE SIDE.)			L 1123	, P.140	□ YES			
QUESTIONS NUMBER I	NSURED		DE	ETAILS	FROM	DATES	то	RESULTS INCLUDING TREATMENT IF ANY		NAME	& ADDRESS OF	DOCTOR AN DATE	OF LAST VISIT			
WARNING:								IDULENT CLAIM FOR PA								
tion, any amproposed in the health a Authorizati Information information. rhea, HIV/A knowledge r	declare nendmen sured(s) nd other on: "I/w Bureau NOTICI IDS (Hu receipt o	that to the that thereto, . It is und condition the hereby or other continuation in the notifit the notifit the total that to the the notifit the noti	e best and a lerstood as affect authori organiz ation action iune De	of my/our knowledg ny added declaratio d that the Company ting the insurability ize any licensed do ation, institution, or uthorized for release eficiency Virus / Acc form issued in com	e and bel n thereto, shall incu of the pro ctor, or m person th e may incl quired Imn pliance wi	ief the aboreshall become record in the shall become record in the shall be	ve sta me a y beca red(s) ctitione recor ation c iency Credit	dultry of a crime and tements and answers to the part of the policy herein appause of this application unlead are as described in this apper, hospital, clinic, or other ds or knowledge of me (us on physicals, drug, alcohol, Syndrome), or other condit Reporting Act and the rule (24) months after the date in	e above que plied for. Ap ess it is app plication. medical or) or my (ou communications for wh s of the Me	estions are compoplication is here roved by the Comedically relater) health to give the I may have the I may have the Information	olete and the by made for mpany, and facility, in the Computiseases so the bureau.	rue. I/we ag for insurance nd the first p insurance co pany, or its i such as hep ed while a p	pree that the on the life or t	is applica- e(s) of the paid while ne Medical any such ilis, gonor- e. I/we ac-		
submitting a	written	request to	the C	ompany at its Home	Office.											

First Insured's Signature

Second Insured's Signature

REQUIRED NOTICE TO APPLICANT

Details & Remarks:	
Home Office Endorsements:	
ASSIG	GNMENT
7.00.0	, <u> </u>
WE hereby assign to	, assignee, the proceeds due to become due
under the life insurance policy hereby applied for when issu	ed to the extent of any indebtedness due by me/us to said as-
	e is authorized to cancel this insurance and credit any premium
	also agree that this assignment is irrevocable until all indebted-
	the rights and interest of any beneficiary under said policy are
subordinate to the rights and interest of the Assignee.	
Signed at this	day of 20
First Insured	
1.104.1104.00	
The foregoing assignment is filed at the Company's Home Off	fice this
, day of, 20	
Policy #	Life Insurance Company
Wichita National L	ile insurance company
Who is to pay premium? ☐ Insured ☐ Assignee	
ACENT'S CERTIFICATION. Leartify that I have norganally a	solved the applicant all of the above guestions. I have appurately
	isked the applicant all of the above questions. I have accurately e Medical Information Bureau and Fair Credit Reporting Act was
given to the applicant prior to completing this application.	s Medical Information Bureau and Fair Credit Reporting Act was
given to the applicant prior to completing the application.	
Do you have reason to believe that replacement of any existir	ng insurance or annuity may be involved?
☐ YES ☐ NO (if "Yes," explain in "Details and Remarks	
Soliciting Agent	CASH RECEIVED WITH APPLICATION: LIFE:\$
эонский Адент	

AGENT INSTRUCTIONS — REMEMBER, GOOD INSTRUCTIONS = FAST ISSUE.

Procedures For Completing This Life Application — When Applying For:

Complete all questions.

- A. The applicant's signature should be obtained on all life applications.
- B. Be sure that required forms are submitted when disclosure is required with life applications, and that all required forms are completed and submitted.
- C. Under "AGENT'S CERTIFICATION," be sure to sign your name on the application, and also submit with the application all forms required when a replacement is involved.

Dec 09

APP 1 Use this application for all risks UNDER \$100,000

WICHITA NATIONAL LIFE INSURANCE COMPANY

AMOUNT APPLIED FOR

•	•••	•		_	-	_	•	•
			PR	E١	ΛI	ш	٨	П

711 SV	NDA	711 SW D Avenue • P. O. Box 1709 • Lawton, OK. 7350						502	2PREMIUM							
APPLIC	ATIC	N FOR	:							•	MODE OF P	AYMENT				
☐ Single L	ife —	One Pers	on Ins	sured [] Mortga	ge Protec	tion		ANNUAL	SEMI ANNUA	QUART L	ERLY	MONTHLY		BANK DRAFT	
☐ Joint Lif	e — T	wo Perso	ns Ins	sured] Whole	Life										
(Both must	complete	e, date & sig	n the ap	plication)		erm Prote	ection	1	CIMA	POLICY	OFFICE US	1	DI AN #	1	TEDM	
☐ Annual	Renev	vable Ter	m						CWA □ Y □ N	POLICY	# AGEN	11 #	PLAN #		TERM	
☐ Automa		mium Lo	an		Rider _											
NAME OF FIR PROPOSED INSURED	RST								NAME OF SECOND PROPOSED INSURED							
ADDRESS									ADDRESS							
CITY, STATE,	, ZIP								CITY, STATE, ZIP							
SOCIAL SECU	URITY N	IUMBER							SOCIAL SECURITY I	NUMBER						
PRIMARY BENEFICIARY & RELATIONSHIP							PRIMARY BENEFICIARY & RELATIONSHIP									
CONTINGENT BENEFICIARY & RELATIONSHIP							CONTINGENT BENEFICIARY & RELATIONSHIP									
OWNER IF NOT PROPOSED INSURED							OWNER IF NOT PROPOSED INSURED									
INSURED DATE OF BIRTH AGE STATE OF BIRTH HEIGHT WEIGHT SEX					occu	OCCUPATION			E PHONE	WORK FHONE						
FIRST																
SECOND																
IF NOT ACTIV	/ELY W	ORKING, PL	EASE E	XPLAIN												
									disorders or diseases			FIRST	INSURED	SECOND	INSURED	
				eartbeat or any othe brain, nervous sys					rre, diabetes, circulatory disease, nervous or tory disease? ☐ YES ☐ NO ☐ YES					□NO		
				consulted, been exa or have you ever be					n or have you been under observation or treated urance? □ YES □ NO □ YES					□ YES	□NO	
		used or be cohol abus		ted for the use of ille	egal drugs	or ever re	ceived	d treat	atment for or joined an organization for					□ YES	□NO	
physicia	n?								mental condition for which you have not seen a					□NO		
				e or have you been IDS virus?	treated fo	or an immu	ne def	ficienc	cy disorder, AIDS the	AIDS relate	d complex	□ YES	S □ NO	□YES	□NO	
6. Have you	u used	tobacco di	uring th	e past twelve (12) n	nonths?							□ YES	S □ NO	□YES	□NO	
7. Has any	insura	nce been c	ancelle	ed, or the renewal or	r reinstate	ment been	refuse	ed?				□ YES	S □ NO	□YES	□NO	
	IF AN	Y QUESTI	ON AB	OVE MARKED YES	(ADDITI		CE O	N RE	,	1						
QUESTIONS NUMBER II	NSURED		DE	ETAILS	FROM	DATES	то		RESULTS INCLUDING TREATMENT IF ANY		NAME	& ADDRESS OF	DOCTOR AN DATE	OF LAST VISIT		
WARNING:	ANY F	PERSON V	VHO K	NOWINGLY PRESI	ENTS A F	ALSE OR	FRAU	JDULI	ENT CLAIM FOR PA	YMENT OF	A LOSS OR BE	NEFIT O	R KNOWING	SLY PRES	SENTS	
I/we hereby									TY OF A CRIME AND nts and answers to th							
tion, any am proposed in	nendme sured(s	ent thereto, s). It is und	and ar	ny added declaration that the Company	n thereto, shall incu	shall beco Ir no liabilit	me a p	part o	of the policy herein ap of this application unle as described in this ap	plied for. Ap	pplication is here	by made	for insuranc	e on the lif	fe(s) of the	
Information information. rhea, HIV/A	Bureau NOTIC IDS (H	or other one of the other other of the other	organiza ation au une De	ation, institution, or uthorized for release eficiency Virus / Acc	person the may included in the person to the person th	at has any ude informa nune Defic	recore ation of eiency	rds or on phy Syndi	spital, clinic, or other knowledge of me (us sicals, drug, alcohol, rome), or other condipting Act and the rule	s) or my (ou communica tions for wh	r) health to give ble or venereal ich I may have I	the Comp diseases been trea	oany, or its r such as hep	einsurer(s atitis, syph) any such illis, gonor-	
				of it shall be valid for ompany at its Home		d of twenty	-four ((24) m	nonths after the date	it is signed.	I understand I c	an revoke	this authori	zation at a	iny time by	

First Insured's Signature

PROPOSED INSURED'S COPY

Second Insured's Signature

REQUIRED NOTICE TO APPLICANT

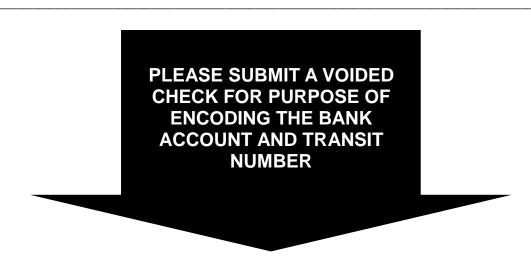
Jetails & Remarks:					
				·	
Home Office Endorsements:					
Tome Office Endorsements.					
		COLONIMEN	· -		
	A	SSIGNMEN	11		
WE hereby assign to					eds due to become due
under the life insurance policy hereb signee. I/WE agree that in the event					
refund toward my indebtedness as h	is interest may app	pear. I also ag	ree that this a	assignment is irrev	ocable until all indebted
ness due Assignee by me/us has be subordinate to the rights and interest		d that the righ	ts and interes	st of any beneficia	ary under said policy are
sales and regime and interest	o				
Signed at	this	ß	day of	20	·
First In:	sured				
The foregoing assignment is filed at t	he Company's Hor	me Office this			
, day of, 2	0				
Policy #	Wishita	National Life Insurance			
	wichita i	National Life Insurance	Jompany		
Who is to pay premium? ☐ Insured	☐ Assignee				
AGENT'S CERTIFICATION: I certify					
recorded the facts supplied by the apgiven to the applicant prior to comple			ii iniormation	Bureau and Fair (Sredit Reporting Act was
	anlessment of any	ovietina incura	naa ar annuit	u may ba inyalyad	2
Do you have reason to believe that re □ YES □ NO (if "Yes," explain in			nce or annui	y may be involved	f
		-	DECEIVED A	WITH APPLICATION	ON: LIEE:¢
Soliciting Agent		CASH	VECEINED !	WIIT AFFLICATION	JIN. LIГС.Ф

AGENT INSTRUCTIONS — REMEMBER, GOOD INSTRUCTIONS = FAST ISSUE.

Procedures For Completing This Life Application — When Applying For:

Complete all questions.

- A. The applicant's signature should be obtained on all life applications.
- B. Be sure that required forms are submitted when disclosure is required with life applications, and that all required forms are completed and submitted.
- C. Under "AGENT'S CERTIFICATION," be sure to sign your name on the application, and also submit with the application all forms required when a replacement is involved.



AUTHORIZATION TO HONOR CHECKS OR DRAFTS DRAWN BY WICHITA NATIONAL LIFE INSURANCE COMPANY, LAWTON, OKLAHOMA

As a convenience to me, I hereby request and authorize you to pay and charge my account checks or drafts drawn on my account by and payable to the order of the Wichita National Life Insurance Company, Lawton, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or draft shall be the same as if it were a check drown on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or draft. I further agree that if any such check or draft be dishonored whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

To Bank				POLICY NUMBERS						
Address Of Bank										
Dalik										
	STREET, CITY, STATE	STREET, CITY, STATE ZIP								
CHECKING ACCOU	NT NUMBER		ACCOUNT TITLE IF APPLICABLE							
		TODAY'S DATE	YOUR BANK SIGNATURE							
Bank NOS										
Darik NOS										

AN INDEMNIFICATION AGREEMENT IS BELOW — ATTACH VOID CHECK

INDEMNIFICATION AGREEMENT

TO: Bank named above

In consideration of your participating in a plan which Wichita National Life Insurance Company (hereinafter know as Company) has put into effect by which amounts due on policies of insurance are collected by checks drawn by the Company on the accounts of persons who are responsible for these payments., the Company does hereby agree that:

- (1) It will indemnity and hold you harmless from any liability to any person having an account with you arising out of the payments by you of any check drawn by the Company on the account of such person, or arising out of dishonor by you, whether with or without cause or intentionally or inadvertently, of any such check drawn by the Company, whether or not such claim or liability asserted against you be based upon the forfeiture, of a policy of insurance the premium on which is sought or be collected by the Company by any check and
- (2) The Company will refund to you any amount erroneously paid by you on any check if claim for the amount of such erroneous payment is made by you within twelve months from the date of the check on which such erroneous payment was made.
- (3) It will defend at its own cost and expense any action which might be brought by any depositor or any other persons because of you actions arising by your participating in the plan of premium collection for the Company.

This indemnification extends to any liability of yours arising out of the dishonor of such a check not only to persons having an account with your bank, but also to any owner or beneficiary of any policy issued by Wichita National Life Insurance Company in respect of which such a check is drawn.

APP-1 (12/08) BANK DRAFT

WICHITA NATIONAL LIFE INSURANCE COMPANY CONDITIONAL RECEIPT

P.O. BOX 1709, LAWTON, OKLHOMA 73502

1

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY: DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

No coverage will become effective prior to policy deliv								
agent and no broker has the authority to alter the terr Received \$from			e applied for in connection with an ap-					
plication for life insurance bearing the same number a	as this receipt, for	20	(Type of					
consideration for such premium).	, ,							
IF								
1. An amount equal to the first full premium for the n								
2. All the underwriting requirements, including any medical examinations required by the company rules, are comple within 60 days from the date of the application; and								
 The proposed insured(s) are, on the Effective da exactly as applied for without modifications of tices. 								
THEN: Insurance under the policy applied for shall be as the latter of:	e considered in force of the	effective date.	The Effective Date is defined					
A. The date of completion of all underwriting require	ments; or							
B. The date of issue requested in the application, if a	any.							
Any check or draft given as the full premium payment In any event the amount of life insurance including ac ery shall be \$100,000, or the amount of insurance req	ccidental death benefits whic	h may become	e effective prior to policy deliv-					
IF ANY OF THE ABOVE CONDITIONS ARE NOT M								
OF THE AMOUNT OF PAYMENT SUBMITTED.								
I have read and understand the conditions and limitation	ions contained in this receipt	t.						
Signature of Applicant		Signature of Witness						

NOTICE TO PROPOSED INSURED — MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. Wichita National Life Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for such benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02110, telephone number (617) 426-3660.

Wichita National Life Insurance Company or its reinsurers, may also release information in its file to its reinsurers or to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim or benefits may be submitted.

NOTICE TO INSURED — FAIR CREDIT REPORTING ACT

As a part of our underwriting procedure, a routine investigative consumer report may be made during the next few days, whereby information is obtained through personal interview with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This report typically concerns information on your character, general reputation, personal characteristics and mode of living.

Additional information as to the nature and scope of this report, if one is made, will be provided to you upon written request. Should you wish to contact us about questions you may have, please write to:

WICHITA NATIONAL LIFE INSURANCE COMPANY P.O. Box 1709 / Lawton, Oklahoma 73502

APP 2 Use this application for all risks \$100,000 and OVER

WICHITA NATIONAL LIFE INSURANCE COMPANY

AMOUNT APPLIED FOR

711 SW D Avenue • P. O. Box 1709 • Lawton, OK. 73502

PREMIUM

APPLICATION FOR:						MODE OF PAYME	NT			
☐ Whole Life		Mortgage Protectio	n	ANNUAL	SEMI ANNUAL	QUARTERLY	MONTH	ILY	BANK DRAFT	
☐ Annual Renewable Term		Level Term Protect	ion		1	OFFICE USE ONI	1			
☐ Automatic Premium Loar	ı 🗆	Rider		CWA	POLICY #	AGENT #	PLAN	#	TERM	
NAME OF PROPOSED INSURED				SOCIAL SECURITY	/ NO.	SEX	AGE	DATE O	F BIRTH	
ADDRESS				HOME PHONE		BIRTH STATE	<u> </u> :	HEIGHT	WEIGHT	
CITY, STATE, ZIP				OCCUPATION				<u> </u>		
EMPLOYER				YEARS EMPLOYED)		BUSINESS PH	IONE		
ADDRESS					ESS OF POLICY OWNER ESS IN "REMARKS")	IF NOT PROPOSED) INSURED. (IF	PAYER IS	NOT OWNER, GIVE	
CITY, STATE, ZIP				AUDINI						
PRIMARY BENEFICIARY		RELATION	ISHIP	CONTINGENT BEN	IEFICIARY			RELATIO	ONSHIP	
NON-SMOKER ELIGIBILITY Have you used tobacco within the past	12 months?	?		PLAN NAME		APPLIE	D FOR		PREMIUM	
AVIATION, AVOCATION, FOREIGN	TRAVEL, A	AND MILITARY.					X	=		
During the past 3 years has any proptemplated participation in:	osed insur	ed participated in, or con-		RIDERS			x	_ =		
 Flights as a pilot, student pilot, or cre Skin diving, scuba diving, skydiving, motorcycle racing, speedboat racing, If "YES" complete aviation or avocation 	parachuting mountain questionn	, hang gliding, auto racing, climbing or rodeos? aire.	OY ON	FAMILY HISTO	DRY: Has any family heart or kidney dise	member had tu ase, mental illne	berculosis, di ss or suicide?	abetes, o	cancer, high	
Is any change in residence, occupatio ada contemplated by any proposed insu	red?					Age if Livin	g Cause o	Death	Age at Death	
If "YES" explain in the "DETAILS AND I	REMARKS"	section on reverse side.		MOTHER						
Military-is any proposed insured a m reserve component? If "YES" indicate Branch HAS ANY PROPOSED INSURED EVE	R BEEN T	Rank	Y KNOWN	annuity in this of Has any proportion health insurance	applied for to replace or any other companionsed insured ever appear which has not been	y? oplied for any life o granted as app	e, accident, or lied for in		Y 🗆 N	
INDICATION OF: CIRCLE CONDITION 1. Heart or circulatory disease, high blood 2. Disorder of lungs or respiratory syste	od pressure ms, stomac	ch, intestines, or liver?		renewal or reins Is there any a	rate, or has any ins statement thereof be pplication for life, a d insured now pendi	en refused? accident, or heal	th insurance		Y 🗆 N	
3. Disorder of kidneys, or urinary tract, breast? 4. Arthritis, cancer or tumor, disease of the control of the	or injury			TOTAL LIFE INSURANCE IN FORCE ON PROPOSED INSURED(S)						
muscles, joints, sciatica, or bodily de 5. Disease or impairment of the eyes, e	ars, or nerv						AMOL		INSURANCE	
 Alcoholism or drug useage, not physi Diabetes, thyroid or other endocrine Any existing injury, deformity, diseas 	disease?		YN YN e		COMPANY	PLAN	LII	FE	ADB	
within the last 5 years? 9. Have you ever been told you have or										
deficiency disorder, AIDS, the AIDS r tive for the AIDS virus?			_Y _N	FOR FOR	PERSON WHO KNOW PAYMENT OF A LOSTION IN AN APPLICATION	S OR BENEFIT OR	KNOWINGLY	PRESEN'	TS FALSE INFOR-	
IF ANY OF THE ABOVE QUESTION (ADDITIONAL)			N BELOW:	SUB	JECT TO FINES AND	CONFINEMENT IN	PRISON.			
REASON FOR TREATMENT or CONSULTATION	DATE MO/YR	NAME & ADDRESS of DOC HOSPITAL	TOR and/or	I hereby declare that complete and true. I ag	to the best of my knowledg gree that this application, any plied for. Application is hereb	e and belief the above y amendment thereto, a	statements and a and any added decl	nswers to the laration there	he above questions are eto, shall become a part	
				the Company shall inc paid while the health a Authorization: "I here	cur no liability because of thi and other conditions affecting by authorize any licensed	s application unless it in the insurability of the pure doctor, or medical practical	s approved by the roposed insured an etitioner, hospital, o	Company, e as describ clinic, or oth	and the first premium is sed in this application. er medical or medically	
NAME AND ADDRESS OF PERSONAL PHYSICIA	.N			related facility, insurar records or knowledge authorized for release tis, syphilis, gonorrhea tions for which I may h	nce company, the Medical I of me or my health to give may include information on a, HIV/AIDS (Human Immuni nave been treated while a pa sporting Act and the rules of the	nformation Bureau or of the Company, or its re physicals, drug, alcoho e Deficiency Virus / Ac tient there. I acknowled	other organization, insurer(s) any such I, communicable or quired Immune De ge receipt of the no	institution, n information r venereal d ficiency Syr	or person that has any n. NOTICE : Information iseases such as hepati- ndrome), or other condi-	
					d/or photocopy of it shall be ke this authorization at any ti					
DATE AND REASON LAST SEEN				PROPOSED INSU	RED'S SIGNATURE			DATE	:	
				AGENTS SIGNATI	IRF			DATE	:	

REQUIRED NOTICE TO APPLICANT

	·····
Home Office Endorsements:	
ASSI	GNMENT
WE hereby assign to	, assignee, the proceeds due to become due
	ued to the extent of any indebtedness due by me/us to said as- ee is authorized to cancel this insurance and credit any premium
	I also agree that this assignment is irrevocable until all indebted-
	at the rights and interest of any beneficiary under said policy are
subordinate to the rights and interest of the Assignee.	
Signed at this	day of 20
Signed at this	day of 20
Signed at this	day of 20
	day of 20
First Insured The foregoing assignment is filed at the Company's Home C	
First Insured	
First Insured The foregoing assignment is filed at the Company's Home C	
First Insured The foregoing assignment is filed at the Company's Home C day of, 20 Policy #	
First Insured The foregoing assignment is filed at the Company's Home C day of, 20 Policy # Wichita Nationa	Office this
First Insured The foregoing assignment is filed at the Company's Home Company's	Office this
First Insured The foregoing assignment is filed at the Company's Home Company's	Office this Life Insurance Company asked the applicant all of the above questions. I have accurately
First Insured The foregoing assignment is filed at the Company's Home Company's	Office this
First Insured The foregoing assignment is filed at the Company's Home Company Home Company's Ho	Office this I Life Insurance Company asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was
First Insured The foregoing assignment is filed at the Company's Home Company's	Office this I Life Insurance Company asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was ting insurance or annuity may be involved?
First Insured The foregoing assignment is filed at the Company's Home Company Home Company's Ho	Office this I Life Insurance Company asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was ting insurance or annuity may be involved?
First Insured The foregoing assignment is filed at the Company's Home Company's	Office this I Life Insurance Company asked the applicant all of the above questions. I have accurately he Medical Information Bureau and Fair Credit Reporting Act was ting insurance or annuity may be involved?

AGENT INSTRUCTIONS — REMEMBER, GOOD INSTRUCTIONS = FAST ISSUE.

Procedures For Completing This Life Application — When Applying For:

Complete all questions.

- A. The applicant's signature should be obtained on all life applications.
- B. Be sure that required forms are submitted when disclosure is required with life applications, and that all required forms are completed and submitted.
- C. Under "AGENT'S CERTIFICATION," be sure to sign your name on the application, and also submit with the application all forms required when a replacement is involved.

APP-2 (12/08) Dec 08 HOME OFFICE COPY

APP 2 Use this application for all risks \$100,000 and OVER

WICHITA NATIONAL LIFE INSURANCE COMPANY

AMOUNT APPLIED FOR

711 SW D Avenue • P. O. Box 1709 • Lawton, OK. 73502

PREMIUM

APPLICATION FOR:							Ņ	MODE OF PAYME	NT I	ı	
☐ Whole Life		Mortgage Protectio	n		ANNUAL		SEMI ANNUAL	QUARTERLY	MC	ONTHLY	BANK DRAFT
☐ Annual Renewable Term		Level Term Protect	ion				1	OFFICE USE ONL	Y		
☐ Automatic Premium Loa	n 🗆	Rider			CWA Y N		POLICY#	AGENT #	F	PLAN #	TERM
NAME OF PROPOSED INSURED					SOCIAL SECURITY	Y NO.		SEX	AGE	DATE C	OF BIRTH
ADDRESS					HOME PHONE			BIRTH STATE		HEIGH	T WEIGHT
CITY, STATE, ZIP					OCCUPATION						
EMPLOYER					YEARS EMPLOYED)			BUSINES	SS PHONE	
ADDRESS					NAME AND ADDR	ESS C	OF POLICY OWNER	IF NOT PROPOSED	INSURED	. (IF PAYER IS	NOT OWNER, GIVE
CITY, STATE, ZIP					NAME AND ADDR	ESS I	N "REMARKS")				
PRIMARY BENEFICIARY		RELATION	NSHIP		CONTINGENT BEN	NEFIC	IARY			RELATI	ONSHIP
NON-SMOKER ELIGIBILITY							DLAN	APPLIE	D EO	D	
Have you used tobacco within the past	12 months	?	- 1	/ 🗆	PLAN NAME			T. OF INS.	RAT		PREMIUM
AVIATION, AVOCATION, FOREIGN	•				RIDERS				×	=	
During the past 3 years has any protemplated participation in:	•				KIDLKS				ì <u> </u>	=	
 Flights as a pilot, student pilot, or cr. Skin diving, scuba diving, skydiving, motorcycle racing, speedboat racing If "YES" complete aviation or avocatio 	parachuting , mountain	g, hang gliding, auto racing, climbing or rodeos?	,		FAMILY HIST	hear	: Has any family rt or kidney disea				
Is any change in residence, occupation and contemplated by any proposed inside	n or travel		- 1	r 🗆 1	N FATHER			Age if Living	Cau	se of Death	Age at Death
If "YES" explain in the "DETAILS AND		section on reverse side.			MOTHER						
Military-is any proposed insured a reserve component? If "YES" indicate Branch HAS ANY PROPOSED INSURED EVI		Rank			Has any propo health insurance	or an osed e wh	y other company insured ever ap ich has not been	? plied for any life, granted as appl	acciden	t, or	IY 🗆 N
INDICATION OF: CIRCLE CONDITI 1. Heart or circulatory disease, high blo 2. Disorder of lungs or respiratory systems	od pressure			/ 🗆	renewal or reing	state ppli	e, or has any insument thereof becarion for life, a sured now pendir	en refused? ccident, or healt	h insuraı	nce E	Y DN
3. Disorder of kidneys, or urinary tract, breast?4. Arthritis, cancer or tumor, disease of	·		۱۵	′ 🗆	If "YES" give for	ull pa	articulars in the " FE INSURANCE	Details and Rem	arks" sed	ction.]Y □N RED(S)
muscles, joints, sciatica, or bodily de 5. Disease or impairment of the eyes, e		vous or mental disorder?		/		Γ	\$	TOTAL	ADB	\$ MOUNTS O	F INSURANCE
6. Alcoholism or drug useage, not phys7. Diabetes, thyroid or other endocrine	ician prescr disease?	ibed?	۱ ا ت	/	N YEAR		COMPANY	PLAN		LIFE	ADB
8. Any existing injury, deformity, diseas within the last 5 years?9. Have you ever been told you have o				1 🗆	N						
deficiency disorder, AIDS, the AIDS tive for the AIDS virus?				, –	WARNING: ANY		SON WHO KNOW				
IF ANY OF THE ABOVE QUESTION	NS ARE AN	ISWERED "YES" EXPLAIN		r 🗆 i	MAT	ΙΟΝ		ON FOR INSURAN	CE IS GU		ITS FALSE INFOR- RIME AND MAY BE
(ADDITIONAL REASON FOR TREATMENT	SPACE ON I	REVERSE SIDE) NAME & ADDRESS of DOC	TOR a	and/o			ACKNOWLEDGEMEN best of my knowledge				OR THE APPLICANT the above questions are
or CONSULTATION	MO/YR	HOSPITAL		, 0	of the policy herein ap the Company shall in	gree the oplied for cur no	nat this application, any or. Application is hereby	amendment thereto, ar y made for insurance or application unless it is	nd any adde n the life of t approved I	d declaration the he proposed insu by the Company,	reto, shall become a part ired. It is understood that and the first premium is
					Authorization: "I her	eby au	uthorize any licensed d	octor, or medical pract	itioner, hos	oital, clinic, or oth	her medical or medically or person that has any
NAME AND ADDRESS OF PERSONAL PHYSICI	AN				records or knowledge authorized for release tis, syphilis, gonorrhe tions for which I may	of me may i a, HIV have b	e or my health to give the nclude information on p /AIDS (Human Immune	he Company, or its rein physicals, drug, alcohol Deficiency Virus / Acq ent there. I acknowledg	nsurer(s) an communicative communicative communication com	y such information able or venereal on ne Deficiency Sy	on. NOTICE: Information diseases such as hepati- ndrome), or other condi- orm issued in compliance
					This authorization an	d/or pl	•	valid for a period of t	wenty-four		r the date it is signed. I its Home Office.
DATE AND REASON LAST SEEN											
					PROPOSED INSU	RED'	S SIGNATURE			DATI	E
					AGENTS SIGNAT	URE				DATI	E

REQUIRED NOTICE TO APPLICANT

Details & Remarks:					
Home Office Endorsements:					
		ASSIGN	MENI		
WE hereby assign to under the life insurance poli- signee. IWE agree that in the refund toward my indebtedniness due Assignee by me/usubordinate to the rights and	icy hereby applied for he event of any defa ess as his interest mand is has been paid in	or when issued ault Assignee is nay appear. I als full and that the	to the extent of any authorized to cance so agree that this as	r indebtedness due be el this insurance and signment is irrevocab	y me/us to said as- credit any premium le until all indebted-
Signed at		_ this	day of	20	_·
					-
	First Insured				
The foregoing assignment is	filed at the Compan	ny's Home Office	this		
day of	, 20	·			
Policy #					
		Wichita National Life Ins	surance Company		
Who is to pay premium? □	Insured Assigne	е			
AGENT'S CERTIFICATION: recorded the facts supplied given to the applicant prior to	by the applicant. Pre	e-notice of the M			
Do you have reason to belie □ YES □ NO (if "Yes," e			nsurance or annuity	may be involved?	
		с	ASH RECEIVED W	ITH APPLICATION: L	_IFE:\$
Soliciting Agent					

AGENT INSTRUCTIONS — REMEMBER, GOOD INSTRUCTIONS = FAST ISSUE.

Procedures For Completing This Life Application — When Applying For:

Complete all questions.

- A. The applicant's signature should be obtained on all life applications.
- B. Be sure that required forms are submitted when disclosure is required with life applications, and that all required forms are completed and submitted.
- C. Under "AGENT'S CERTIFICATION," be sure to sign your name on the application, and also submit with the application all forms required when a replacement is involved.

APP-2 (12/08) Dec 08 AGENT COPY

APP 2 Use this application for all risks \$100,000 and OVER

WICHITA NATIONAL LIFE INSURANCE COMPANY

AMOUNT APPLIED FOR

711 SW D Avenue • P. O. Box 1709 • Lawton, OK. 73502

PREMIUM

APPLICATION FOR:				MODE OF PAYMENT								
☐ Whole Life		Mortgage Pr	otectio	n		ANNUAL		SEMI ANNUAL	QUARTERLY	MONTH	LY	BANK DRAFT
☐ Annual Renewable Term	n 🗆	Level Term F	Protecti	ion		CWA		POLICY#	OFFICE USE ONI	Y PLAN	# 	TERM
☐ Automatic Premium Loa	n 🗆	Rider			_	□Y □N						
NAME OF PROPOSED INSURED						SOCIAL SECURITY	Y NO.		SEX	AGE	DATE O	F BIRTH
ADDRESS						HOME PHONE			BIRTH STATE	<u> </u>	HEIGHT	WEIGHT
CITY, STATE, ZIP						OCCUPATION						
EMPLOYER						YEARS EMPLOYED	D			BUSINESS PH	ONE	
ADDRESS						NAME AND ADDR NAME AND ADDR			IF NOT PROPOSED	INSURED. (IF I	PAYER IS	NOT OWNER, GIVE
CITY, STATE, ZIP								,				
PRIMARY BENEFICIARY			RELATIONS	SHIP		CONTINGENT BEN	NEFICIA	RY			RELATIO	ONSHIP
NON-SMOKER ELIGIBILITY Have you used tobacco within the past	: 12 months?	,		ΠY	□N	PLAN NAME			APPLIE	D FOR		PREMIUM
AVIATION, AVOCATION, FOREIGN	TRAVEL, A	ND MILITARY.								x	_ =	
During the past 3 years has any protemplated participation in:	posed insur	ed participated in,	or con-			RIDERS		_ =		X X	_ =	
 Flights as a pilot, student pilot, or cr Skin diving, scuba diving, skydiving, motorcycle racing, speedboat racing "YES" complete aviation or avocatic 	parachuting , mountain	, hang gliding, au climbing or rodeos					, heart o	las any family	member had tu ease, mental illne	berculosis, dia	betes, c	ancer, high
Is any change in residence, occupation and contemplated by any proposed instance If "YES" explain in the "DETAILS AND	ured?			ΠY	□N	FATHER MOTHER			Age if Livin	g Cause of	Death	Age at Death
Military-is any proposed insured a reserve component? If "YES" indicate Branch HAS ANY PROPOSED INSURED EV INDICATION OF: CIRCLE CONDIT: 1. Heart or circulatory disease, high bloom in the proposed in the	ER BEEN TI ION. DOOD pressure ems, stomac	RankREATED FOR OR ., varicose veins, .h, intestines, or li	R HAD AN phlebitis? ver?	IY KN		health insurance kind, amount or renewal or reins Is there any a	or any one of any of osed in the which of the which of the which of the white of th	other compan isured ever ap in has not been or has any insent thereof be ition for life, a	y? oplied for any life n granted as app surance been car	e, accident, or lied for in icelled or the th insurance	0	Y 🗆 N
breast?	•	3 7.	•	ΠY					"Details and Ren			
 Arthritis, cancer or tumor, disease o muscles, joints, sciatica, or bodily de 			pine,	ΠY		LIFE AMOUNT			E IN FORCE OF		INSUR	(ED(S)
5. Disease or impairment of the eyes,6. Alcoholism or drug useage, not phys7. Diabetes, thyroid or other endocrine8. Any existing injury, deformity, disea	sician prescri disease?	bed?		□ Y □ Y	N N N	ISSUE YEAR	C	OMPANY	PLAN	AMOU LIF		INSURANCE ADB
within the last 5 years? 9. Have you ever been told you have of deficiency disorder, AIDS, the AIDS	r have you b	peen treated for a	n immune	□Y	□N							
tive for the AIDS virus?	related com	piex (ARC) di test	.eu posi-	ΠY	□N	FOR MAT	R PAYME	ENT OF A LOS: AN APPLICATI	VINGLY PRESENT S OR BENEFIT OR ION FOR INSURAN	KNOWINGLY I	PRESENT	TS FALSE INFOR-
IF ANY OF THE ABOVE QUESTION (ADDITIONAL		SWERED "YES" REVERSE SIDE)	EXPLAIN	I BEL	OW:				CONFINEMENT IN NT STATEMENT FOR		RANCE FOR	R THE APPLICANT
REASON FOR TREATMENT or CONSULTATION	DATE MO/YR	NAME & ADDRES	SS of DOCT	TOR ar	nd/or	I hereby declare that complete and true. I a of the policy herein ap	to the beagree that to the policy to the total to the tot	st of my knowledg this application, an Application is herel	e and belief the above y amendment thereto, a by made for insurance of	statements and ar and any added declar on the life of the pro	nswers to the aration there posed insur	ne above questions are eto, shall become a part ed. It is understood that
						paid while the health a	and other o	conditions affecting	the insurability of the p	roposed insured are	as describ	and the first premium is ed in this application. er medical or medically
NAME AND ADDRESS OF PERSONAL PHYSIC	IAN					related facility, insura records or knowledge authorized for release tis, syphilis, gonorrhe tions for which I may I with the Fair Credit Re This authorization an	ance comp e of me or e may inclues, HIV/AID have been eporting Ad ad/or photo	pany, the Medical I my health to give ude information on OS (Human Immun a treated while a pa ct and the rules of to poopy of it shall be	Information Bureau or the Company, or its re physicals, drug, alcoho e Deficiency Virus / Actient there. I acknowled the Medical Information	other organization, insurer(s) any such I, communicable or quired Immune Def ge receipt of the no Bureau. twenty-four (24) m	institution, information venereal di iciency Syn tification for onths after	or person that has any n. NOTICE: Information seases such as hepatidrome), or other condimissued in compliance the date it is signed. I
DATE AND REASON LAST SEEN						unuersianu i Can revo	we ans an	u wizauwii at ariy ti	me by submitting a Writt	on request to the Co	ompany at I	is nome office.
						PROPOSED INSU	JRED'S S	SIGNATURE			DATE	
					_	AGENTS SIGNAT	URE				DATE	

ness due Assignee by me/us has been paid in full and that the rights and interest of any beneficiary under said policy are subordinate to the rights and interest of the Assignee.

Signed at ______ this _____ day of ______ 20 _____.

First Insured

The foregoing assignment is filed at the Company's Home Office this

Who is to pay premium? ☐ Insured ☐ Assignee

day of , 20 .

AGENT'S CERTIFICATION: I certify that I have personally asked the applicant all of the above questions. I have accurately recorded the facts supplied by the applicant. Pre-notice of the Medical Information Bureau and Fair Credit Reporting Act was given to the applicant prior to completing this application.

Wichita National Life Insurance Company

Do you have reason to believe that replacement of any existing insurance or annuity may be involved?

☐ YES ☐ NO (if "Yes," explain in "Details and Remarks.")

Soliciting Agent CASH RECEIVED WITH APPLICATION: LIFE:\$_____

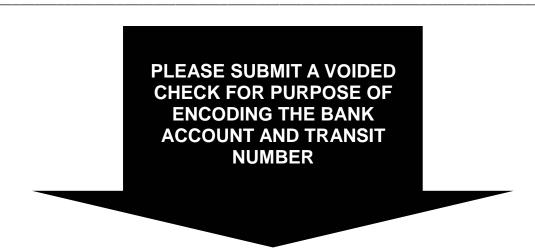
AGENT INSTRUCTIONS — REMEMBER, GOOD INSTRUCTIONS = FAST ISSUE.

Procedures For Completing This Life Application — When Applying For:

Complete all questions.

Policy # ____

- A. The applicant's signature should be obtained on all life applications.
- B. Be sure that required forms are submitted when disclosure is required with life applications, and that all required forms are completed and submitted.
- C. Under "AGENT'S CERTIFICATION," be sure to sign your name on the application, and also submit with the application all forms required when a replacement is involved.



AUTHORIZATION TO HONOR CHECKS OR DRAFTS DRAWN BY WICHITA NATIONAL LIFE INSURANCE COMPANY, LAWTON, OKLAHOMA

As a convenience to me, I hereby request and authorize you to pay and charge my account checks or drafts drawn on my account by and payable to the order of the Wichita National Life Insurance Company, Lawton, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or draft shall be the same as if it were a check drown on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or draft. I further agree that if any such check or draft be dishonored whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

To Bank				POLICY NUMBERS
Address Of Bank				
Dalik				
	STREET, CITY, STATE		ZIP	
CHECKING ACCOU	NT NUMBER		ACCOUNT TITLE IF APPLICABLE	
		TODAY'S DATE	YOUR BANK SIGNATURE	
Bank NOS				
Darik NOS				

AN INDEMNIFICATION AGREEMENT IS BELOW — ATTACH VOID CHECK

INDEMNIFICATION AGREEMENT

TO: Bank named above

In consideration of your participating in a plan which Wichita National Life Insurance Company (hereinafter know as Company) has put into effect by which amounts due on policies of insurance are collected by checks drawn by the Company on the accounts of persons who are responsible for these payments., the Company does hereby agree that:

- (1) It will indemnity and hold you harmless from any liability to any person having an account with you arising out of the payments by you of any check drawn by the Company on the account of such person, or arising out of dishonor by you, whether with or without cause or intentionally or inadvertently, or any such check drawn by the Company, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a policy of insurance the premium on which is sought or be collected by the Company by any check and
- (2) The Company will refund to you any amount erroneously paid by you on any check if claim for the amount of such erroneous payment is made by you within twelve months from the date of the check on which such erroneous payment was made.
- (3) It will defend at its own cost and expense any action which might be brought by any depositor or any other persons because of you actions arising by your participating in the plan of premium collection for the Company.

This indemnification extends to any liability of yours arising out of the dishonor of such a check not only to persons having an account with your bank, but also to any owner or beneficiary of any policy issued by Wichita National Life Insurance Company in respect of which such a check is drawn.

APP-2 (12/08) Dec 08 BANK DRAFT

WICHITA NATIONAL LIFE INSURANCE COMPANY CONDITIONAL RECEIPT

P.O. BOX 1709, LAWTON, OKLHOMA 73502

2

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY: DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

No coverage will become effective prior to policy delivery and a			
agent and no broker has the authority to alter the terms or cor			
Received \$from	on	20	_ in connection with an
application for life insurance bearing the same number as this	receipt, for		(Туре
of consideration for such premium).			
IF			
 An amount equal to the first full premium for the mode sele 	ected is submitted: ar	nd	
 All the underwriting requirements, including any medical within 60 days from the date of the application; and 			npany rules, are completed
3. The proposed insured(s) are, on the Effective date define			
exactly as applied for without modifications of plan practices.	, premium rate, or	amount und	er the company's rules and
THEN: Insurance under the policy applied for shall be conside as the latter of:	red in force of the ef	fective date. T	he Effective Date is defined
A. The date of completion of all underwriting requirements; or	r		
B. The date of issue requested in the application, if any.			
Any check or draft given as the full premium payment must be	honored on presenta	ation to constit	ute a premium payment.
In any event the amount of life insurance including accident delivery shall be \$100,000, or the amount of insurance request	al death benefits wh	nich may beco	me effective prior to policy
IF ANY OF THE ABOVE CONDITIONS ARE NOT MET THE I			
OF THE AMOUNT OF PAYMENT SUBMITTED.	INDIENT TO THE C	701VII 711 10 1	LIMITED TO THE RETORN
I have read and understand the conditions and limitations cont	ained in this receipt		
Thave read and anderstand the conditions and immediate cont	amed in this receipt.		
Signature of Applicant	Siç	gnature of Witness	

NOTICE TO PROPOSED INSURED — MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. Wichita National Life Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for such benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02110, telephone number (617) 426-3660.

Wichita National Life Insurance Company or its reinsurers, may also release information in its file to its reinsurers or to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim or benefits may be submitted.

NOTICE TO INSURED — FAIR CREDIT REPORTING ACT

As a part of our underwriting procedure, a routine investigative consumer report may be made during the next few days, whereby information is obtained through personal interview with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This report typically concerns information on your character, general reputation, personal characteristics and mode of living.

Additional information as to the nature and scope of this report, if one is made, will be provided to you upon written request. Should you wish to contact us about questions you may have, please write to:

WICHITA NATIONAL LIFE INSURANCE COMPANY P.O. Box 1709 / Lawton, Oklahoma 73502

APP-2 (12/08) Dec 08 RECEIPT



INSURANCE COMPANY

November 25, 2008

TO WHOM IT MAY CONCERN:

This letter is to authorize Chris McCaul, of Rudd and Wisdom, Inc., 9500 Arboretum Blvd., Suite 200, Austin, Texas, to complete insurance product filings with state insurance departments on behalf of Wichita National Life Insurance Co.

Sincerely,

Ronnie Denham Secretary

Rudd and Wisdom, Inc.

CONSULTING ACTUARIES

Mitchell L. Bilbe, F.S.A.
Evan L. Dial, F.S.A.
Philip S. Dial, F.S.A.
Charles V. Faerber, F.S.A., A.C.A.S.
Mark R. Fenlaw, F.S.A.
Carl L. Frammolino, F.S.A.
Kenneth J. Herbold, A.S.A.
Christopher S. Johnson, F.S.A.
Robert M. May, F.S.A.

9500 Arboretum Blvd., Suite 200 Austin, Texas 78759 Post Office Box 204209 Austin, Texas 78720-4209

Phone: (512) 346-1590 Fax: (512) 345-7437 E-mail: rw@ruddwisdom.com J. Christopher McCaul, F.S.A.
Edward A. Mire, F.S.A.
Rebecca B. Morris, A.S.A.
Michael J. Muth, F.S.A.
Khiem Ngo, A.S.A.
Ronald W. Tobleman, F.S.A.
David G. Wilkes, F.S.A.
Valerie M. Zinzer, F.S.A.

December 9, 2008

Arkansas Insurance Department

Re:

RDWS-125918448

Wichita National Life Insurance Co.

Form No. LWL (01/09)

With reference to the attached form, per A.C.A. 23-79-138, we will provide each policyowner with the servicing agent's name, address and phone number. The home office information is listed on the policy form.

I certify that this filing meets the provisions of Regulation 19s10B as well as all applicable requirements of the Department.

Date

Chris McCaul

Colled

SERFF Tracking Number: RDWS-125918448 State: Arkansas
Filing Company: Wichita National Life Insurance Co. State Tracking Number: 40991

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Whole Life

Project Name/Number: Wichita National Whole Life-LWL (01/09)/

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Whole Life Form	11/24/2008	LWL(01-09).pdf
No original date	Supporting Document	Application	11/24/2008	

WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building • 711 S.W. "D" Avenue • Lawton, Oklahoma 73501 • 580-353-5776

A Legal Reserve Capital Stock Company (Hereafter called: we, our or us).

We Agree

- To pay the insurance benefits of this policy to the beneficiary upon receiving due proof of the insured's death, and
- To provide you with the other rights and benefits of this policy.

These agreements are subject to the provision of this policy.

10 Day Free Look

If for any reason you are not satisfied with your policy, you may cancel it by returning the policy to us or to your agent within 10 days after you receive it. If you do, we will refund the premium that was paid.

Signed for us at our home office

SECRETARY PRESIDENT

Level Amount Whole Life Insurance
Level Premiums Payable to Specified Age or Until Prior Death of Insured
Face Amount Payable at Death
Non-Participating

DEFINITIONS

When we use the following words, this is what we mean:

THE INSURED

The person whose life is insured under this policy as shown on page 3.

YOU, YOUR

The owner of this policy is as shown in the application, unless subsequently changed as provided for in this policy. The owner is the insured unless otherwise stated.

BENEFICIARY

The person to receive the proceeds in the event of the insured's death.

POLICY DATE

The date coverage under this policy becomes effective and the date from which policy anniversaries, policy years, policy months and premium due dates are determined.

POLICY ANNIVERSARY

The same day and month as your policy date for each succeeding year your policy remains in force.

WRITTEN REQUEST

A request in writing signed by you on a form agreeable to us. We also may require that your policy be sent in with your written request.

PROCEEDS

The amount we are obligated to pay under the terms of this policy when your policy is surrendered, matures, or when the insured dies.

IN FORCE

The period of time the insured's life remains insured under the terms of this policy.

LAPSE OR LAPSED

A premium is in default, and the insured's life is no longer insured under the terms of this policy except as may be provided for in the Guaranteed Value Options section (see page 6).

REINSTATE

To restore coverage after the policy has lapsed.

TERMINATE

The insured's life is no longer insured under any of the terms of this policy.

INDEBTEDNESS

All policy and premium loans, accrued interest and any due and unpaid premium.

AGE

The insured's age at the insured's last birthday, unless we state otherwise.

POLICY SPECIFICATIONS PAGE

TYPE OF COVERAGE	AMOUNT	PREMIUM PAYABLE	ANNUAL PREMIUM
[Whole Life]	[\$25,000]	[for Life]	[\$354.00]

Total Annual Premium on Policy Date

The Premiums for a benefit are payable for the lifetime of the insured, the first due on the Policy Date.

SCHEDULE OF TOTAL PREMIUMS

Annual	Semi-Annual	Quarterly	Monthly
[\$354.00]	[\$184.08]	[\$92.04]	[\$92.04]

PREMIUM CLASS:

POLICY LOAN INTEREST RATE: 7.4% per annum, or less. We may change the interest rate, but never will it exceed 7.4%. We will give written notice of the change to you or any assignee of record at least 30 days before the change becomes effective. Interest is payable at the end of the policy year.

REINSTATEMENT INTEREST RATE: 6% per annum

POLICY NUMBER: [12345W]

FACE AMOUNT: [\$25,000] INSURED: [John Doe]

AGE / SEX: [35 Male] POLICY DATE: [January 1, 2009]

POLICY SPECIFICATIONS

The values in the following table assume that all premiums are paid when due and no policy loans are taken. Policy values not illustrated will be furnished upon request.

Amount of	Cash	Reduced	Extended Insura	
Insurance	Value	Paid Up	Years	Days
[25,000]	[0]	[0]	[0]	[0]
				[0]
				[64]
				[187]
				[64]
[25,000]	[1,000]	[3,875]	[15]	[234]
[25,000]	[1,300]	[4,875]	[17]	[229]
[25,000]	[1,600]	[5,800]	[19]	[33]
[25,000]	[1,900]	[6,650]	[20]	[38]
[25,000]	[2,225]	[7,525]	[20]	[356]
[25,000]	[2 550]	[0.2EV]	[21]	[227]
				[39]
				[161]
				[272]
[25,000]	[3,925]	[11,275]	[23]	[0]
[25,000]	[4,300]	[11,950]	[23]	[45]
[25,000]	[4,675]	[12,600]	[23]	[53]
[25,000]	[5,050]	[13,175]	[23]	[31]
[25,000]	[5,450]	[13,775]	[23]	[11]
[25,000]	[5,850]	[14,350]	[22]	[329]
[25,000]	[7 950]	[16 825]	[21]	[246]
				[303]
				[229]
	[25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000] [25,000]	Insurance Value	Insurance Value Paid Up [25,000] [0] [0] [25,000] [0] [0] [25,000] [200] [875] [25,000] [450] [1,875] [25,000] [450] [1,875] [25,000] [725] [2,925] [25,000] [1,000] [3,875] [25,000] [1,300] [4,875] [25,000] [1,600] [5,800] [25,000] [1,900] [6,650] [25,000] [2,225] [7,525] [25,000] [2,875] [9,100] [25,000] [3,200] [9,800] [25,000] [3,925] [11,275] [25,000] [4,300] [11,950] [25,000] [4,675] [12,600] [25,000] [5,450] [13,175] [25,000] [5,850] [14,350]	Amount of Insurance Cash Value Reduced Paid Up Insurance Years [25,000] [0] [0] [0] [25,000] [0] [0] [0] [25,000] [200] [875] [5] [25,000] [450] [1,875] [9] [25,000] [450] [1,875] [9] [25,000] [1,000] [3,875] [15] [25,000] [1,300] [4,875] [17] [25,000] [1,600] [5,800] [19] [25,000] [1,900] [6,650] [20] [25,000] [2,225] [7,525] [20] [25,000] [2,875] [9,100] [22] [25,000] [3,200] [9,800] [22] [25,000] [3,550] [10,525] [22] [25,000] [4,300] [11,950] [23] [25,000] [4,675] [12,600] [23] [25,000] [5,450] [13,175] [23] [25,000]

The cash values, reduced paid up extended term values are based upon the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. The reserves are calculated based on the [2001 Commissioners Standard Ordinary] mortality table, age last birthday and an annual interest rate of [4.0%]. Premiums are payable for life.

Page 4 Policy Number: 12345W

GENERAL INFORMATION

THE CONTRACT

Your policy is issued in consideration of the application and the payment of premiums as provided for in this policy.

Your policy and the copy of the application attached to it contains the entire contract between you and us. Any statements made in the application either by you or by the insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statements made either by you or by the insured will not be used to void your policy nor defend against a claim under your policy unless the statement is contained in the application.

No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an officer of the company. No agent or other person has the authority to change or waive any provision of your policy.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all the terms and conditions of this policy unless we state otherwise in the rider.

SUICIDE

If the insured, whether sane or insane, dies by suicide, within two years from the policy date, our liability will be limited to an amount equal to the premiums paid for this policy.

INCONTESTABILITY

We cannot contest this policy after it has been in force during the lifetime of the insured for two years after the policy date, except for non-payment of premiums.

COLLATERAL ASSIGNMENT

Your policy may be assigned. The assignment must be in writing and filed at our home office. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any proceeds which become payable to an assignee will be payable in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the insured has been misstated, the benefits will be those which the premiums paid would have purchased for the correct age and sex.

BENEFICIARY

When we receive proof satisfactory to us of the insured's death, we will pay the death proceeds of this policy to the beneficiary or beneficiaries who are named in the application for this policy unless you subsequently change the beneficiary. In that event, we will pay the death proceeds to the beneficiary named in your last change of beneficiary request as provided for in this policy.

If a beneficiary dies before the insured, that beneficiary's interest in this policy ends with that beneficiary's death. Only those beneficiaries who survive the insured will be eligible to share in the death proceeds. If no beneficiary survives the insured, we will pay the death proceeds of this policy to your estate.

CHANGE OF OWNER OR BENEFICIARY

If you have reserved the right to change the owner or beneficiary, you can file a written request with us to make such a change. If you have not reserved the right to change the beneficiary, the written consent of the irrevocable beneficiary will be required.

Your written request will not be effective until it is recorded in our home office records. After it has been so recorded, it will take effect as of the date you signed the request. However, if the insured dies before the request has been so recorded, the request will not be effective as to those death proceeds we have paid.

CHANGE OF PLAN

While your policy is in force with no premium in default, you may exchange your policy for another form of policy. Our approval is needed. An additional payment and evidence that the insured is then insurable under our underwriting rules then in effect, may be required.

PREMIUMS

Your first premium is due as of the policy date and must be paid when the application for insurance is completed. All premiums after the First premium are payable on or before the date they are due and must be mailed to us at our home office. If you would like a receipt for a Premium payment we will give you one upon request.

The premiums for your policy are payable for the period shown on page 3 of your policy, or until the prior death of the insured.

PAYMENT INTERVALS

You may pay your premiums at any interval shown on page 3. These premiums are shown as annual (once a year), semi-annual (twice a year), quarterly (four times a year) or monthly (twelve times a year). You may change the frequency of premium payments, subject to our rules in effect at the time of the change, by filing a written request with us at our home office.

GRACE PERIOD

Your policy has a 31-day grace period. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31-day period immediately following the due date. Your premium payment, however, must be received in our home office within the 31-day period. The insured's life will continue to be insured during this 31-day period.

If the insured dies during this period, we will deduct a premium for the 31-day grace period from the death proceeds of this policy. This 31-day grace period does not apply to the first premium payment.

The first premium payment must be paid when your application is completed.

NON-PAYMENT OF PREMIUMS

If a premium is not paid by the end of the grace period, the policy will lapse as of the premium due date and be out of force except as provided in the Guaranteed Value Options provision (see page 6).

REINSTATEMENT

If a premium is not paid before the end of the 31-day grace period, your policy will lapse, and no further premium payments may be made.

However, even if your policy lapses, the values provided for in the Guaranteed Value Options section of this policy on page 6 may be available to you. You may also ask us within five years of lapse to restore your policy to a premium paying basis. We will require:

- 1. Your written request to reinstate this policy.
- 2. Evidence of insurability satisfactory to us.
- 3. Payment of any indebtedness.

- 4. Payment of all past due premiums on your policy, and
- 5. Payment of interest compounded annually on all past due premiums and any indebtedness. The policy reinstatement interest rate will be the rate shown on page 3.

Our determination of the insured's continued insurability and the payment of all past due premiums with interest must occur during the insured's lifetime. Your policy cannot be reinstated if your policy was placed on extended term insurance and the term period has expired or if your policy was surrendered for cash.

We may contest the reinstatement of this policy until it has been in force during the lifetime of the insured for two years from the date of reinstatement.

YOUR LOAN VALUES

Your policy has two loan privileges:

- 1. You may borrow the cash value.
- 2. You may have past due premiums paid by automatic loans.

Loans have priority over the claims of any assignee or other person. Your policy is the sole security for all loans.

POLICY LOANS

You can borrow up to the available loan value of your policy unless your policy is on extended term or reduced paid-up insurance (see below). At Your request, we will send you a loan agreement for your signature. We have the right to postpone your loan for up to six months unless the loan is to be used to pay premiums on any policies you have with us.

The loan value of your policy is its cash value (see page 4) minus any indebtedness. Your cash value will be determined as of the date to which your premiums are paid on this policy, but not beyond the next policy anniversary.

AUTOMATIC PREMIUM LOANS

If you asked for this service in your application, or by later written request, we will automatically make a loan to you to pay any premium not paid by the end of the grace period. Your policy

must be in force and have enough loan value. If there is not enough loan value to pay a premium, the policy will lapse and the Guaranteed Value Options provision will apply (see below).

You can also make written request to tell us you do not want this service.

LOAN INTEREST PROVISION

Policy loans will bear interest at the rate specified on page 3.

If you do not pay the interest on your loan when it is due, the unpaid interest will be added to your loan and charged the same rate of interest as your loan.

INDEBTEDNESS

If indebtedness exceeds the cash value of your policy, we will mail notice to your last known address and that of any assignee of record. If the excess is not paid within 31 days, the policy will terminate.

You may repay all or part of the indebtedness while the insured is alive and no Guaranteed Value Option is in effect.

Any outstanding indebtedness at the time of the insured's death will be deducted from policy proceeds.

GUARANTEED VALUE OPTIONS

(Non-Forfeiture Options)

Your policy provides Guaranteed Value Options as shown on page 4. You may elect any available option by writing to us.

A premium may be paid in cash or by an automatic premium loan. If a premium is not paid by the end of the grace period, the paid-up insurance option shall become effective as of the due date of the unpaid premium. However, you will still have the right for two months after that due date to elect one of the Guaranteed Value Options.

PAID-UP INSURANCE OPTION

You may continue your policy as paid-up insurance for a reduced amount, payable under the same conditions as this policy. We will use the cash value to buy paid-up insurance at the net single premium rate for the insured's attained age. If a paid-up policy is surrendered for its cash value within 30 days after a policy anniversary, the cash value will be equal to the cash value on that policy anniversary.

EXTENDED TERM INSURANCE OPTION

If this is a standard premium class policy, you may continue it as term insurance. No further premium will be due. The amount of

the extended Term insurance will be the total of:

The face amount of this policy

MINUS • Any indebtedness (see definition, page 2).

The term period begins on the date to which premiums are paid. The cash Value is applied as a net single premium at the insured's attained age to determine the length of the term. For this purpose, the attained age will be the insured's age on the date of the first unpaid premium. If a policy on extended term insurance is surrendered for its cash value within 30 days after a policy anniversary, the cash value will be equal to the cash value on that policy anniversary. If an equal or greater amount of insurance would be provided under the paid-up insurance option, only that option will be available.

CASH VALUE OPTION

You may surrender your policy for its cash value. Your cash value is:

• The cash value of your policy (see page 4)

MINUS • Any indebtedness

Surrender will be effective on the date of your written request. We may require that your policy be sent in with your written request before making surrender payment.

We may defer payment of any cash value for not more than six months.

When you surrender your policy for its cash value your policy will terminate.

BASIS USED FOR CALCULATIONS

We use the mortality table, and interest rate shown on page 4, to calculate (1) cash values, (2) reserves and (3) net single premiums for paid-up insurance.

All values are at least equal to those required by the law of the

state in which the policy is delivered. We have filed with that state a detailed statement of the method of calculating values.

The values shown on page 4 are for completed policy years. They assume that there is no indebtedness and that premiums are paid to the end of the policy year.

After the policy year in which a value is first shown, the values between any two policy years shown will be determined by interpolation with allowance for the premiums paid for the period between such consecutive years. Values for policy years not shown will be furnished upon request.

The cash value of any paid-up insurance is the net single premium for such insurance at the attained age of the insured.

PAYMENT OF PROCEEDS

The proceeds of this policy will be payable if the policy is surrendered for its cash value (living benefits), or when we receive due proof satisfactory to us of the insured's death (death benefits). These events must occur while the policy is in force. The proceeds will be paid in a single sum unless a settlement option has been selected. We will deduct any indebtedness from the proceeds. All payments by us are payable at our home office. Proof of any claim under this policy must be submitted in writing to our home office.

SETTLEMENT OPTIONS

You may, during the insured's lifetime, request that we pay the proceeds under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. A settlement option may be selected only if the payments are to be made to a natural person in that person's own right.

OPTION 1--Interest Payments--

(Payment of Interest on the proceeds at such time and for a period that is agreeable to you and us.) Withdrawal of proceeds may be made in amounts of at least \$100. At the end of the period, any remaining proceeds will be paid in either a single sum or under any other method we approve.

OPTION 2--Payments for a Specified Period--

(Monthly payments for a specified number of years) The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown in the following table. The monthly payments for any period not shown will be furnished upon request.

OPTION 2 TABLE

PAYMENTS FOR A SPECIFIED PEROID						
Number of Years Payable	Amount of Monthly Payments					
5	\$17.91					
10	9.61					
15	6.87					
20	5.51					
25	4.71					
30	4.18					

OPTION 3--Life Income--

(Monthly payments for the life of the person who is to receive the income) We will require satisfactory proof of the person's age and sex. Payments can be guaranteed for 10, 15, or 20 years. The amount of each monthly payment for each \$1,000 of proceeds applied under this option is shown in the following table. The monthly payments for any ages not shown will be furnished upon request.

OPTION 3 TABLE

LIFE INCOME								
MONTHLY INCOME PAYMENTS								
Gu	uaranteed F	or	Gı	uaranteed F	or			
	Life		ı	For 10 Years	S			
М	AGE	F	М	AGE	F			
\$4.50	50	\$3.98	\$4.41	50	\$3.95			
5.09	55	4.44	4.93	55	4.38			
5.86	60	5.08	5.56	60	4.95			
6.93	65	5.96	6.32	65	5.68			
8.43	70	7.22	7.20	70	6.58			
Gu	uaranteed F	or	Guaranteed For					
F	or 15 Years	6	For 20 Years					
М	AGE	F	М	AGE	F			
\$4.30	50	\$3.90	\$4.14	50	\$3.83			
4.73	55	4.30	4.46	55	4.16			
5.20	60	4.78	4.77	60	4.52			
5.79	65	5.32	5.02	65	4.86			
6.14	70	5.87	5.19	70	5.11			

OPTION 4--Payments of a Specified Amount--

(Monthly payments of a specified amount until the proceeds and interest are fully paid.)

OPTION 5--Joint and Survivor Life Income--

We will pay the amount retained, with interest, in equal monthly installments during the joint lifetime of two persons and continue them during the lifetime of the survivor. See table below for example. We will furnish the income for other combinations of age or sex, if requested.

OPTION 5 TABLE

JOINT AND SURVIVOR LIFE INCOME						
MONTHLY INSTALLMENTS FOR EACH						
\$1,000 OF AMOUNT RETAINED						
	AGE OF OTHER PAYEE*					
	(FEMALE)					
	15 Years	10 Years	5 Years			
	Less than	Less than	Less than	Same as		
	Male Payee's	Male Payee's	Male Payee's	Male Payee's		
50	\$3.07	\$3.23	\$3.42	\$3.61		
55	3.27	3.48	3.72	3.97		
60	3.53	3.80	4.11	4.45		
65	3.87	4.23	4.65	5.12		
70	4.31	4.80	5.40	6.06		
*Age nearest birthday.						

OPTION 6--Alternate Income--

When a type of income option available under Option 2, 3 or 5 is desired, we will automatically pay that type of income under this option if the amount is greater than under Option 2, 3 or 5. The amount of income under this option will be based on actuarial assumptions then being used by us for our single premium immediate annuities. However, there will be a charge for taxes or expenses.

INTEREST FROM DATE OF DEATH

If the proceeds of any benefits under this policy are not paid within thirty days after we receive due proof of the death of the insured (or where required by law within thirty days after the death of the insured), we will pay interest on death benefits from the date of death to the date of payment. The interest rate will be determined by us, but never less than 3%.

CONDITIONS

- 1. Proceeds of less than \$1,000 may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$20.
- A corporation may receive payments under a life income option only if the payments are based on the life of the insured, or a surviving spouse or dependent of the insured.

If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

A beneficiary may select a settlement option only after the insured's death. However, you may provide that the beneficiary will not be permitted to change the settlement option you have selected.

PROCEEDS EXEMPT FROM CLAIM OF CREDITORS

To the extent permitted by law, no payment of proceeds or interest we make will be subject to the claims of any creditors.

Also, if you provide that the option selected cannot be changed after the insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments. If garnishment or any other attachment of the payments is attempted, we will make those payments to a trustee we name. The trustee will apply those payments for the maintenance and support of the person you named to receive the payments.

RATE OF INTEREST

Options 1, 2 and 4 are based on a guaranteed interest rate of 3%. Options 3, 5 and 6 are based on a guaranteed interest rate of 2.5% using the 1949 Annuity Mortality Table.

SUMMARY OF POLICY BENEFITS

LIVING BENEFITS

Your policy has certain guaranteed values which are available to you during your lifetime. These values consist of the cash or loan values. You may use these values:

- To provide retirement income (see page 7).
- As collateral for a loan or as the basis for a policy loan (see page 6)
- To continue some insurance protection if you cannot or do not wish to continue paying premiums (see page 6).
- To obtain cash by surrendering your policy (see page 6).

The available cash or loan value for such users is the total of:

- The cash value of your policy (see page 4)
- MINUS Any indebtedness (see definition page 2)

DEATH BENEFITS

The amount of payment to the beneficiary is the total of the following amounts determined on the date of the insured's death:

PLUS

- The face amount of this policy (see page 3)
- Any additional insurance on the insured's life provided by an extra benefit rider (see page 3)

MINUS • Any indebtedness (see definition, page 2).

EXTRA BENEFIT RIDERS

The extra benefits, if any, listed on page 3 are fully described in the extra benefit riders that immediately precede the copy of your application.

YOUR RIGHTS

During the insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy, to receive every benefit and to exercise every right, privilege and option this policy grants or that we allow. Among your rights are:

- To change the owner or beneficiary. (Change of Owner and Beneficiary, page 5.)
- To surrender this policy. (Cash Value Option, page 6.)
- To stop premium payments but keep part of the face amount in force for the full period of the policy. (Paid-Up Insurance, page 6)
- To change the frequency of premium payments. (Payment Intervals, page 5.)

- To use the loan value of the policy to pay premiums due. (Automatic Premium Loan, Page 6.)
- To borrow on the policy. (Policy Loans, page 6.)
- To reinstate the policy after lapse. (Reinstatement, page 6)
- To receive policy benefits as income. (Settlement Options, page 7)

To exercise any of these rights, or to apply for the proceeds or any benefits under this policy, communicate with our nearest representative or directly with our home office. Please notify us promptly of any change of address.

INDEX

Page		Pa
5	Indebtedness	
6	Interest from Date of Death	
7	Loan Values	
5	Loan Interest	
6	Misstatement of Age or Sex	
5	Non-Payment of Premiums	
5	Paid-Up Insurance	
5	Payment Intervals (Premiums)	
5	Payment of Proceeds	
8	Policy Loans	
2	Policy Values	
6	Policy Specifications	
5	Premiums	
5	Reinstatement	
6	Settlement Options	
5	Suicide	
	5 6 7 5 6 5 5 5 5 8 2 6 5 5	5 Indebtedness

- Please examine your policy and the attached copy of the application carefully. Contact your agent if you desire additional service or information.
- If you change your address, please notify us at the home office giving your full name and policy number
- Your policy is a valuable asset. For your own protection, let us advise you regarding any suggestion to terminate or exchange this policy.

WICHITA NATIONAL LIFE INSURANCE COMPANY

Wichita National Building 711 S.W. "D" Avenue Lawton, Oklahoma 73501 580-353-5776

Level Amount Whole Life Insurance
Level Premiums Payable to Specified Age or Until Prior Death of Insured
Face Amount Payable at Death
Non-Participating

Register of Assignment

NOTE --- Assignment Takes Effect Only Upon Endorsement By An Executive Officer Of The Company.

DATE ENDORSED ASSIGNEE ENDORSED BY